



# **THE HEALTH OF BRADFORD 1969**

The Annual Report of the Medical Officer  
of Health and Principal School Medical Officer  
William Turner, M.B., Ch.B., D.P.H., LL.B.



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## CONTENTS

									Page
Chapter 1	Maternity Services	...	...	...	...	...	...	...	1
„ 2	Infant Health	...	...	...	...	...	...	...	9
„ 3	School Health Service	...	...	...	...	...	...	...	17
„ 4	Mental Health Service	...	...	...	...	...	...	...	27
„ 5	Geriatric, Care and After-care Services	...	...	...	...	...	...	...	33
„ 6	Ambulance Service	...	...	...	...	...	...	...	43
„ 7	Epidemiology	...	...	...	...	...	...	...	47
„ 8	Environmental Hygiene	...	...	...	...	...	...	...	69
„ 9	Health Education and Training	...	...	...	...	...	...	...	85
Appendix Tables	...	...	...	...	...	...	...	...	95-151

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## Senior Public Health Officers

Medical Officer of Health and Principal School Medical Officer	W. TURNER, M.B., CH.B., D.P.H., LL.B.
Deputy Medical Officer and Deputy Principal School Medical Officer	G. M. PRIESTMAN, M.B., CH.B., M.R.C.G.P., D.P.H.
Principal Medical Officer (Child Health)	F. N. BAMFORD, M.D., CH.B., D.P.H., D.C.H.
Principal Medical Officer (Mental Health and Child Guidance)	H. P. BURROWES, M.B., B.S., D.P.H., D.P.M.
Senior Medical Officer (Maternity and Child Welfare)	KATHLEEN M. LUMB, M.B., CH.B., D.(OBST.) R.C.O.G., D.C.H., D.P.H.
Senior Medical Officer (Geriatrics)	S. HUSAIN-QURESHI, M.B., B.S., D.P.H., D.T.M. & H.
Senior Medical Officer (Epidemiology)	J. S. DODGE, M.B., B.S., L.R.C.P., M.R.C.S., D.T.M. & H., D.P.H.
Senior School Medical Officer	G. WARNES, M.B., CH.B., D.P.H.
Senior Assistant Medical Officer (Anaesthetics)	R. W. HILTON, B.SC., M.B., CH.B.
Area Medical Officers/School Medical Officers	G. A. BELL, L.R.C.P., L.R.C.S., L.R.F.P.S. MORILEE BESWICK, M.B., CH.B. R. G. CRAWFORD, M.B., CH.B. P. M. HARDIMAN, L.M.S.S.A., D.P.H. JOAN M. TOWLER, M.B., CH.B., D.P.H. ROXIE WOODHEAD, M.B., CH.B. MARGARET WHITHAM, M.B., CH.B.
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Area Dental Officers	G. H. BULCOCK, L.D.S. J. B. HANSON, L.D.S. D. HODGSON, B.CH.D., L.D.S. P. O. HOLT, L.D.S. M. PARKER, B.D.S., L.D.S.
Chief Public Health Inspector	F. H. MYERS, M.R.S.H., M.A.P.H.I.
Principal Officer (Administration)	D. C. JAMES, D.M.A. S. HORN, A.C.I.S., A.C.C.S., A.M.B.I.M. (from 29th September, 1969)
Superintendent Health Visitor and School Nurse	FRANCES H. WALKER, S.R.N., S.C.M., H.V.CERT. JULIA BUTTERWORTH, S.R.N., H.V.CERT., (QUEEN'S NURSE) D.N. (Leeds). (from 1st September, 1969)
Superintendent District Nurse	MARGERY A. FLINT, S.R.N., S.C.M., H.V.CERT., (QUEEN'S NURSE)
Supervisor of Midwives	EVELYN R. ENTWISTLE, M.B.E., S.R.N., S.C.M., M.T.D., H.V.CERT., (QUEEN'S NURSE).
Ambulance Officer	J. CLARK, F.I.A.O.
Home Help Organiser	DORIS M. ASQUITH, M.I.H.H.O.



## PREFACE

In matters of principle and outstanding interest, the year was relatively quiet. In capital projects the Thornton Community Centre was completed and is already proving an asset with a wide range of activities by the Corporation and voluntary organisations in the village. Work on the health centre at Park Road was almost finished. Preparatory work has started on the health centre at Haworth Road, the day nursery at Lowfield Street and the combined special care unit and hostel at St. Stephen's Road.

According to estimates from the General Register Office the total population of the City continues slowly to decline in spite of the incoming immigrant population, an increased number of births, one of the highest birth rates in the country and a death rate which has been static for some years. For this estimate to be proved correct a considerable outward movement of population must be taking place and points to a continuing change in the social structure of the City. This is seen, for example, in the number of babies which have been born between 1961 and 1969 in families of skilled workers, self-employed people and professional and technical workers, has declined from 4,200 to 3,250 whilst those born to families with generally lower incomes have increased from 1,250 to 2,200. It is an accepted fact that the risks to the infant are greater in this last category and it is therefore particularly pleasing to note the first substantial drop in perinatal mortality for some years. This figure assesses the risks immediately surrounding childbirth; infant mortality rate takes the situation to the first birthday and in this category there was no improvement. From 1925 to 1969 by continuous use of resources well in excess of the national average the infant mortality rate in Bradford has declined from 92 to 29 deaths per 1,000 live births but in the country as a whole it is now below 20. This means that far from resting on merits won by medical and social progress your staff in the fields of infant and child health are having to meet difficulties as great as any in the past to achieve results which are acceptable for a healthy society in the 1970's. In passing it would be of interest to study the social structure and health indices by including the districts into which local migration is taking place. I have little doubt that the combined figures would be much nearer to reflecting the true health and social status of the whole area without in any way detracting from the need to concentrate certain resources on city districts where a great deal of help still needs to be given.

Work in the general field of health services is fully described under appropriate headings in the text. There has been a simple analysis of the problems of illegitimacy in chapters I and II and there are also some comments on the objectives of the Child Health Service. It is pleasing to record the successful first year of operation of the Local Authority Family Planning Clinic. This was commenced to give a service to women who for various reasons, require to limit their families but who are unlikely to

attend their family doctor or the clinics of the Family Planning Association and you will see that 525 new patients attended. In general the incidence of infectious disease was low and no serious outbreak occurred. Tuberculosis continues to rise within the families of immigrants and an account is given of the methods used to bring this under control. These include the use by the local authority of the central premises which house the Bradford Mass Miniature Radiography Service and these links are of vital importance to our methods. At a time when nationally the future of the mass miniature radiography units is being considered, I must support Dr. Deasy, Medical Director of the Bradford Unit, in his report; "it seems fair comment that the figures offer a cogent argument for the retention of the mass miniature radiography service in this City". This has been accepted by the Regional Hospital Board. The Geriatric Preventive Clinic has recommenced at Holme Wood and this experiment in providing health advice and early detection of abnormality in the elderly could well lay the foundation for considerable expansion in the future.

The Department continued to play its part in environmental improvements by the hard work of the Public Health Inspectors and ancillary staff. Progress of smoke control, working conditions in shops and offices, hygiene of milk and food, meat inspection, general district inspection and many other matters are all recorded. Particular emphasis was placed during 1969 on matters of slum clearance and improvement of housing with a recognition that these activities are only a part of overall environmental improvement which also involves financial, legal, planning, engineering, landscaping and many other disciplines. This working together has been made much easier by the Bradford Plan which brings all relevant sections together in the City Development Committee. The framework and attitudes of mind are now both present to allow for much needed inter-action between the City development and planning activities and the health and social services. During the year a house clearance programme for the next 10 years received approval, the general improvement areas were revived, and working parties on specific redevelopment tasks were constituted. The programme for the building of 500 dwellings annually for the next three years sprang from joint advice and the social services are co-operating in matters of siting, design, and possible warden service. In matters of principle we have the stage reasonably set: in matters of detail we have need of further development. In this field of housing where your officers are caught in a crossfire between the destroyers and preservers of almost everything built before 1900 we have steadfastly maintained our programme. Indeed the 1,500 unfit houses recommended for clearance is rather greater than our recent annual average and contributes to a total of 17,700 represented as unfit since 1945. A further 1,128 applications for improvements were received of which 713 progressed to actual work being done, again contributing to a total of 10,700 houses which have been improved since the scheme started in 1952 and was extended in 1959.

Amongst staff changes were several retirements of members who had been long serving including Miss A. Gill (Assistant Supervisor of Midwives), Miss N. Dracup and Mrs. E. A. Drake (Mental Health), and Miss N. Hardy (Filing Clerk). I wish to make particular reference to the retirement of Miss F. H. Walker from the position of Superintendent Health Visitor which she had held since 1945. She had carried out devoted work throughout the tremendous changes which occurred during her service, never ceasing to care for the role of Health Visitors in relation to a meaningful and effective service for their patients. Her deputy and colleague of many years, Miss A. Wilcock, retired shortly afterwards having had a particular interest in the affairs of families who needed special care. Mr. D. C. James, Principal Officer, Administration, left to take a senior management position at Leeds having made valuable and innovating contributions to the management of the department and its relationship to total Corporation structure.

I wish to thank all staff of the Health Department for their work during the year, my fellow Chief Officers of the Social Services and Children's Committees for their help and many other Officers of the Corporation upon whose co-operation we rely so much. I also thank Alderman Mrs. Audrey Firth, J.P. who, until April, included the Chairmanship of the Social Services Committee amongst her many activities for the health of the people of Bradford. Alderman Norman Walker, having had many years experience in voluntary and statutory welfare work, then became Chairman and I am grateful to him and to Councillors J. T. Foers, Convener of the Public Health Executive Group, for their leadership and support. Finally I thank all members of Executive Groups, of Committees and of Council who have contributed in many ways towards the policies of the Department and in making known to me the position of their constituents.

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WILLIAM TURNER,  
Medical Officer and Principal  
School Medical Officer.





**MATERNITY SERVICES****Births**

There was a slight increase in the total births to Bradford women in 1969, from 5,609 in 1968 to 5,778 in 1969. Of the 5,778 births in 1969, 5,706 were liveborn and 72 stillborn. The number of Bradford women delivered in hospitals outside the City was 193 and their births were transferred in for statistical purposes.

1969 was the first complete year of operation of the General Practitioner Unit at the Bradford Royal Infirmary, and the number of confinements in the Unit rose from 354 in 1968 to 935 in 1969. The total of institutional births was considerably higher than in previous years. In 1969 there were 4,985 institutional births and 793 domiciliary confinements giving the percentage of hospital confinements as 86.3 (compared with 74.1 in 1968 and 65.1 in 1967). This is a very satisfactory trend and indicates that more Bradford women are now being delivered under the safer conditions existing in the maternity hospitals. The national rate for all institutional confinements in 1968 was 80.6 and the national rate for N.H.S. hospital confinements was 78.6. For the first time the Bradford rate in 1969 may well be above the national average. It is tempting to speculate whether the reduction in the stillbirth, perinatal and neonatal mortality rates in the City in 1969 (referred to below) may in some measure be related to the increase in hospital confinements and hospital special care units for babies at risk.

The policy of planned early discharge from the maternity units has continued as in previous years. Many mothers are thereby offered the double advantage of hospital confinement in the interest of safety and early return home with its psychological benefits to the patient and her family.

**Stillbirths**

There were 72 stillbirths in 1969. For the second year in succession this is a significant decrease, (99 in 1967, 81 in 1968), and represents a stillbirth rate of 12.5 per thousand total births, the lowest ever recorded in the City. Of the 72 babies who were stillborn, 36 were mature by weight and 36 were premature.

Of the 72 stillbirths, eight were born at home, one was born in the General Practitioner Unit and the rest were hospital confinements. Of the eight babies stillborn at home, five were born before the arrival of a midwife or doctor, four were mature babies, four were premature and five were Asian babies. Details of the domiciliary stillbirths are given in the Appendix.

**Perinatal Mortality**

Eighty-three live-born babies died in the first week of life during 1969, (89 early neonatal deaths in 1968). The early neonatal mortality rate was 14.5 per thousand births (15.6 per thousand in 1968). The 83 babies dying in the first week of life plus the 72 stillborn babies gave a perinatal mortality rate of 26.8 per thousand births in 1969, (29.9 in 1968). The further drop

in the number of stillbirths has this year been accompanied by a drop in the first week deaths, giving a gratifying fall in the perinatal mortality rate.

Of the 83 babies who died in the first week of life, 48 were premature and of these 37 died within 24 hours of birth. Ten babies born at home and three in the General Practitioner Unit died in the first week. Details of these 13 cases are given in the Appendix.

There was also an encouraging reduction in the number of babies dying in the first month of life—92 in 1969 compared with 105 in 1968. The neonatal mortality rate, therefore, dropped from 18.5 per thousand in 1968 to 16.1 per thousand in 1969. Of the nine babies who died between one week and one month of life only one was a premature baby.

Prematurity took its greatest toll in the first 24 hours after birth, and accounted for a further appreciable number of deaths in the first week of life. Thereafter the risks of death in association with prematurity are significantly reduced. The two conditions most commonly listed as causing the death of premature babies in the first week of life were atelectasis (11 cases) and respiratory distress syndrome (19 cases).

## **Maternal Deaths**

Three mothers died as a result of pregnancy and childbirth, and one died in association with pregnancy during 1969.

The death in association with pregnancy was of a patient killed in a road accident in late pregnancy. The baby was born alive by post-mortem Caesarian section.

The first of the three true maternal deaths was of a patient who had concealed her illegitimate pregnancy and received no ante-natal care. She died of intra-cerebral haemorrhage following fulminating toxæmia of pregnancy. Again the baby survived.

The second true maternal death was due to amniotic fluid embolism occurring in labour.

The third maternal death occurred in the post-natal period following a Caesarian section complicated by peritonitis and bronchial pneumonia.

## **Illegitimacy**

Of the 5,778 births to Bradford women in 1969, 660 were illegitimate. This gives an illegitimacy rate of 11.4 per cent and shows a fall over the previous two years (12.5 in 1968 and 12.4 in 1967). Whilst it is perhaps encouraging to record 43 fewer babies born illegitimately in 1969 than in 1968, the local rate is still significantly higher than the national average which was 8.5 per cent in 1968. Thirty-five mothers in Bradford were 16 years or under when their babies were born (3 at 14 years; 14 at 15 years; and 18 at 16 years). Seventeen girls became pregnant while still at school. Of the 660 illegitimate babies born in the City during the year, only 59 are known to have been placed for adoption—half the cases are living with the putative father. Detailed statistics of these births are given in the Appendix.



It is perhaps of interest to review the statistics relating to illegitimacy for the City over the past ten years. The following facts emerge:—

- 1. The number of illegitimate babies rose from 383 in 1959 to 660 in 1969.
- 2. The curve rose more steeply in the first five years of that period (1959 to 1963) than in the second five years. This could be connected in some measure with the entry in the early 1960's of many unattached male immigrants.
- 3. The distribution of the parities of women having illegitimate babies during the period 1963 to 1969 inclusive showed no significant alteration and was as follows:—

		per cent
Gravida	1	37
"	2	18
"	3	13
"	4	18
"	5	15

- 4. The marital status of the women for whom information is available was:—

		per cent
Single	... ..	68.8
Married but living separate from husband		24.7
Divorced	... ..	6.3
Widowed	... ..	0.17

- 5. As would be expected, the maximum age incidence for an illegitimate pregnancy was at 20 years. Approximately two per cent were 15 year olds and under, and approximately two per cent were 40 years.
- 6. The illegitimacy rate has risen as follows:—

1959	7.3	1965	11.5
1960	8.7	1966	11.2
1961	9.7	1967	12.4
1962	10.6	1968	12.5
1963	11.0	1969	11.4
1964	10.9		

This rate is well above the national average.

**Care of the Unsupported Mother and Her Child**

The number of mothers admitted to Oakwell House Mother and Baby Home during 1969 was 80. This is a significant reduction over the previous two years. Despite the high rate of illegitimacy in the City (or perhaps to some extent because of it) more unmarried mothers are now remaining at home during their pregnancies and returning home with their babies after confinement. They do not wish therefore to come into a Mother and Baby Home. Another large group of unmarried mothers is now staying in hospital for 10 days after confinement and placing the babies with foster mothers on the tenth day pending adoption later. These mothers too seldom seek admission to a mother and baby home. Nationally there is a diminishing need for residential care for unmarried mothers and a diminishing number of babies are being offered for adoption despite the continuing high incidence of illegitimacy.

Of the 80 mothers who came into Oakwell House during the year, 29 returned home with their babies after confinement. Thirty placed their

babies with foster mothers between 10 days and three weeks, and 10 had their babies adopted straight from Oakwell House. Of the girls in the Home during 1969, 63 were Bradford residents, 11 were sponsored by the West Riding County Council, and six by other Authorities.

During 1969, 19 Bradford girls were admitted to Holybrook House at Greengates. This Home was opened in the spring as the successor to St. Monica's Home. Three girls were admitted to St. Margaret's R.C. Home in Leeds during the year.

The statistical report of Oakwell House for the year 1969 is given in the Appendix.

## **Family Planning**

1969 was the first year of operation of the Local Authority Family Planning Clinic which started in April 1968. During 1969, 525 new patients were sponsored to this Local Authority Clinic. The total of new cases seen from April 1968 to the 31st December, 1969 was 781. Together with the continually increasing number of return visits these figures indicate a very high case load for one clinic session per week. In practice this has only been possible because some appointments have been made during existing ante-natal and post-natal clinic sessions.

Because the Local Authority Clinic sees patients with great need to plan their families, but poor motivation towards doing so, the number of intra-uterine devices fitted is in excess of an average family planning clinic. Of the 525 new patients seen during the year, 424 were fitted with an intra-uterine device, 92 were offered an oral contraceptive and nine were given other methods of contraception.

All patients attending this Clinic are given follow-up appointments. During 1969 those on an oral contraceptive who failed to keep their return appointments were visited on a domiciliary basis by a trained nurse working in the Clinic. This has proved to be an essential part of the service offered by the Local Authority to these patients, who in many instances are not able to care satisfactorily for their existing children.

In addition to the 525 patients seen at the Local Authority Clinic, 167 were sponsored by the Local Authority to the Family Planning Association's sessions held in four of the Authority's clinics and also in St. Luke's Maternity Hospital. The annual per capita grant for these sponsored patients was increased during the year. There has been a continuing liaison between the Local Authority and the Family Planning Association's medical officers and secretaries. The help of one of the Association's doctors in providing locum cover for the Local Authority Clinic is greatly appreciated.

## **Municipal Midwifery Service**

### *Staff*

The Service has been up to full establishment throughout the year. Eleven midwives have attended refresher courses held under Rule G1 of the Central Midwives Board. Two midwives have had maternity leave. Six full-time midwives have been replaced, (one emigrated, two left Yorkshire, one

started health visitor training, one went onto part-time duties, one went to work in hospital). The midwives who work part-time are very stable staff; during holiday periods and busy times they are always willing to give extra help.

*Communications*

The pocket 'phone has been very useful as midwives are covering larger districts due to the increasing work on the General Practitioner Unit.

*The Domiciliary Service*

The number of expectant mothers cared for at some time in the ante-natal period through the Local Health Authority ante-natal clinics was 3,204. Home confinements are becoming fewer, as many mothers, doctors and midwives prefer confinements to take place in the well-equipped General Practitioner Unit at the Bradford Royal Infirmary. The number of babies born at home was 791 (including 6 stillborn). Two babies were found by the police, both stillborn. Included in these figures are 46 premature babies of which 16 were transferred to hospital due to low birth weight and dangerous prematurity. Thirty premature babies were nursed entirely at home.

Analgesia given in labour was Pethilorfan (435) Trilene (377) Entonox (112). Maternity medical services given by general practitioners and the Leeds Emergency Service are very good services indeed.

*General Practitioner Unit, Bradford Royal Infirmary*

There were 1,263 bookings for the General Practitioner Unit. During late pregnancy or labour 285 mothers were transferred to the Consultant Units. There were 935 confinements on the G.P. Unit plus 43 confinements for mothers from the West Riding area. The total was 978 (including 43 premature babies).

Analgesia given in labour was Pethilorfan (551) Entonox (585).

The G.P. Unit is staffed completely by full-time and part-time domiciliary midwives plus two nursing auxiliaries who work alternate days 7.00 a.m. to 4.00 p.m. and a ward clerk works from 9.00 a.m. to 12 noon Monday to Friday supplied from the Hospital Service.

Post-natal exercises for the mothers are given daily by the hospital physiotherapist. The family planning nurse visits the G.P. Unit three times weekly to give information about the Service.

There is very good liaison between the G.P. Unit and the Consultant Maternity Unit. All the hospital staff are most co-operative.

The early discharge scheme for mothers and babies to go home 48 hours after confinement is working well. They are only discharged if medically fit and socially suitable.

	Patients discharged from		
	St. Luke's Maternity Hospital	Consultant Unit	General Practitioner Unit
2nd day	1,037	752	777
3—7 days	107	132	105
8—10 days	122	120	76

A total of 2,566 mothers was discharged 48 hours after confinement. A total of 3,228 mothers went home before the 10th day.

Although there has been an increase since May 1968, in the number of maternity beds available, there is frequent pressure on the ante-natal beds available on the Consultant Unit so that expectant mothers waiting for beds come under the care of the domiciliary midwives and general practitioners until a bed is available. Owing to the increase in hospital confinements leading to an increase in the number of mothers and babies who are discharged early, tribute must be paid to the heavier demands on the officers of the Ambulance Service who have coped so well under such difficult conditions as bad weather, problems of communication with immigrants, etc.

During the year greater demands have been made on the Home Help Service due to mothers failing to make adequate domestic arrangements for confinement, and babies being born far from the expected date. Help has speedily been arranged for families. Several times the Children's Department has been called on in emergency to arrange for the care of other children e.g. when the mother has failed to make arrangements for confinement, when the father is away from home or when labour has been premature, etc.

The Family Welfare Service workers have given help and advice to midwives about unsupported expectant mothers and many girls have been referred by the midwives to this Service. The family doctor service in the area has an excellent liaison with the Midwifery Service. Attachment of midwives to general practitioners has not been attempted. Due to the re-housing of families many general practitioners have very diffuse areas. Often six or more midwives would be involved for very few expectant mothers on one doctor's list, and with nearly all general practitioners using the G.P. Unit, for their patients, it would not be practicable in terms of midwifery staff and midwifery travelling time to assign midwives to general practitioners. If a general practitioner wishes to see his patients together with a midwife, he is welcome to use a Local Authority clinic, preferably on the same day as the midwife who has her clinic there. Many general practitioners already have this arrangement and seem to like it.

Visits by Domiciliary Midwives

Visits to patients discharged home early from hospital	28,214
Visits to home deliveries	12,234

*Mothercraft and Relaxation*

There were 327 expectant mothers who attended mothercraft and relaxation classes, and they made 1,751 visits.

*Premature Baby Service*

There are three Special Care Baby Units in the City so that only 30 low birth weight babies were nursed entirely at home. Follow up care of babies after discharge from a Special Care Baby Unit has been an increasing problem during the year. Because the babies are discharged home after being kept longer on the Special Care Baby Unit, they are larger and look more like normal babies. Hence the mothers, often in the lower income groups living

in poor housing conditions, fail to appreciate the extra care which should be given. The premature baby midwives have found mothers out shopping, rooms cold, baby feeds altered etc. A lot of teaching has been necessary, but in spite of this several babies have had to be re-admitted to hospital.

Premature Baby Service Visits

Visits to babies 4,072

Visits to mothers 679





**INFANT HEALTH**

The basic objective of the child health services can be defined as helping the child to come to adulthood in an optimal state of physical, mental and social development. Through this we hope to contribute to an improvement in the quality of society of the future. It is important to realise that the development of the child is a continuing process and there are great variations in the achievements of normal children of the same age. In recent years there has been a rapidly increasing interest in the study of child development in its physical, intellectual and social aspects. The aim of this is not only to permit optimum health of the child and to prevent handicapping conditions but also to detect any unavoidable abnormalities as early as possible so that the maximum assistance can be given to the particular child and his family.

Less than a decade ago the "at risk" concept was introduced with the intention that children falling into five special categories should be kept under observation because it was expected that among them would be the majority of children with unavoidable handicaps. The groups comprised children who were thought to be particularly at risk of handicap because of: adverse inheritance, pre-natal or peri-natal abnormalities; illness in early childhood or suspected abnormalities in development. In common with many other authorities, Bradford created "At Risk" registers but we found, as did others, that the number of children included was so large as to make each register unwieldy and of itself of little practical importance. The keeping of registers in area clinics was therefore discontinued. Children in these groups are, however, noted by the health visitors in their working record and increased attention is devoted to them. Health visiting staff were issued some years ago with specific instructions as to the frequency of visiting and examination in these cases. We would regard the "At Risk" concept as having been valuable in focussing attention on a problem and that it still has a limited practical usefulness. It has become clearly necessary to devote attention to developmental screening examinations in all children and not just to those who are thought to have a greater risk of handicap. Only through developmental examination of the whole infant population can prevention hope to be fully effective. Herein lies a difficult problem of priorities and staffing. Ideally, screening should be done by doctors working unhurriedly in infant welfare clinics and it has been recommended that each child should have seven screening examinations in its pre-school years, each consultation taking approximately 10-15 minutes. To effect this in Bradford would involve about 38,500 examinations per year, or between 7-10,000 hours of medical officer time. Already the doctors working in our clinics are often under pressure because of increasing demands for the traditional and still important services such as immunisation and advice on infant feeding. It seems, therefore, that they cannot increase their work load sufficiently to enable developmental screening to be universally practiced. Medical officers are, however, making efforts to do this within the limits of the time available to them at their clinics.

Children who are found to vary from the norms of infant development require prolonged and detailed assessment, not in a clinic situation, but in more natural surroundings. We have made increasing use of day nurseries, Wedgwood House and nursery classes of the Education Department for this purpose. The Director of Education has given priority to the admission of a number of children, especially those who are found to have speech defects in the year preceeding compulsory school entry age. Speech stimulus obtained by a number of these children has been of undoubted benefit and in a number of other instances it has been possible to obtain a better appraisal of their educational potential than would otherwise have been possible. Children with multiple handicaps, including a mental handicap, have been admitted to Wedgwood House and have been there kept under review by the staff and periodically examined. The day nurseries have played a similar part in assisting children with physical handicaps as well as a few who are mentally retarded. It is a curious anomaly that the parents of a child with a physical handicap admitted to a day nursery are liable to pay fees according to their income, whereas one admitted to a nursery class whose handicap may be very similar has nothing to pay. Fortunately it has been possible with the consent of the Chairman of the Social Services Sub-Committee to waive or to modify the fees chargeable in some cases.

A register is kept of all handicapped children. They come to our attention partly through our own staff and partly through the good offices of the hospital physicians. Arrangements are made to review their requirements and to provide counselling for the parents from time to time. A substantial number of handicapped children of school age are educated in normal schools and the selective system of school medical examination has enabled specific attention to be given to the supervision of these children. Time for such duties seems to be at an increasing premium and full justice to developmental paediatrics and the care of handicapped children is unlikely to be done without an increase in the present staffing.

Unfortunately even if the establishment permitted it, it would be extremely difficult to recruit staff under present conditions and the current uncertainty about the future of the Local Authority medical services hinders the development of this service.

### Infant Mortality

The following table classifies the causes of death in children under the age of one year:—

				1968	1969
1.	Bronchopneumonia	...	...	34	46
2.	Prematurity	...	...	63	49
3.	Atelactasis	...	...	6	2
4.	Congenital anomalies	...	...	23	29
5.	Deaths associated with delivery	...	...	20	19
6.	Misadventure and Violence	...	...	2	1
7.	Infectious fevers	...	...	12	7
8.	Other respiratory infections	...	...	—	4
9.	Others	...	...	6	2
				166	159



Deaths of Children 1—5 years

Misadventure	...	...	...	...	4
Infections					
Bronchopneumonia	...	...	...	...	7
Gastroenteritis	...	...	...	...	3
Congenital anomalies	...	...	...	...	5
Others	...	...	...	...	2
					<hr/>
					21

There has been no striking variation in the number or causes of death in childhood. As in previous years and consistent with the general pattern throughout the country the greatest proportion of deaths occur in the first week of life, and in 1969 there were 83 who died, the majority of them because of prematurity. After the first week of life the most common cause of death is acute respiratory disease from which 50 babies died, most of them between one month and one year of age.

Congenital Malformations

During the year, 155 infants were reported as having congenital defects. The most common defect was talipes of which there were 29 cases. There was an increase in the number of cases of spina bifida from five in 1968 to eleven in 1969. The 26 defects of the central nervous system were as follows:—

hydrocephaly	...	...	5
anencephaly	...	...	7
spina bifida	...	...	11
other	...	...	3
			<hr/>
			26

The total of 26 compares with 17 in 1968.

Child Welfare Clinics

During the year, 54,751 attendances were made at the 26 child welfare clinics in the City (including Edmund Street Clinic).

Day Nurseries

The number of places available in day nurseries in the City remains at 290, and the average daily attendance during the year was 235. There were 328 children on register at the end of the year and the number of children waiting for priority admission on 31st December, was 46.

Phenylketonuria

During 1969 the Phenistix method continued to be used as a screening method for phenylketonuria and was performed by health visitors when the babies were three and six weeks of age. Consultations were held with the hospital staff during the year to arrange for the introduction of a more reliable method of testing using a drop of the baby's blood. The method that would be preferred by the medical staff concerned in the Scriver test which detects other inborn errors of metabolism in addition to phenyl-

ketonuria, and is considered to have advantages over the more widely known Guthrie test. It is hoped to introduce this method as soon as the practical arrangements can be made.

### Pregnancy in School Girls

In the past year a number of school girls who had become pregnant were accommodated at Oakwell House Mother and Baby Home. The most present at one time were three pupils and for the short period of their stay arrangements were made to set a room aside for them to continue their education by a peripatetic teacher who visited the home. This arrangement was beneficial to the girls concerned and would justify repetition should similar circumstances arise in the future. It is anticipated that the problem of educating school girls during pregnancy will increase when the school leaving age is raised.

In the years 1962-1969 inclusive, a total of 87 girls of 15 years and under had babies. The distribution in each of the three age groups is shown in the accompanying table:—

13 years	..	...	...	...	4
14 years	...	...	...	...	13
15 years	...	...	...	...	70
16 years	...	...	...	...	153

### Illegitimacy

The illegitimacy rate (per cent) for Bradford has been above the rate for England and Wales for many years, and has risen steadily:

Year	Bradford Rate	E.&W. Rate	Year	Bradford Rate	E.&W. Rate
1948	7.3	5.4	1959	7.3	5.1
1949	5.6	5.1	1960	8.7	5.4
1950	6.9	5.1	1961	9.7	6.0
1951	5.9	4.8	1962	10.6	6.6
1952	6.5	4.8	1963	11.0	6.9
1953	6.0	4.7	1964	11.9	7.2
1954	6.4	4.7	1965	11.5	7.7
1955	6.7	4.7	1966	11.2	7.9
1956	6.6	4.8	1967	12.4	8.4
1957	6.9	4.8	1968	12.5	8.5
1958	7.1	4.9	1969	12.0	N.A.

Approximately 40 per cent of the babies are firstborn children but as many as 16½ per cent of the total in recent years have been born to women having had five or more previous pregnancies. As would be expected the majority (69 per cent) of mothers are single, and the second most common group are married women living separate from their husbands who form approximately 25 per cent of the total. The commonest age groups of women bearing illegitimate children are the years 17, 18, 19 and 20—about 6½ per cent of the total illegitimate births being to women in each of these groups. In the years 1962-68 there were 87 births to girls of 15 or less *i.e.*, about 2 per cent of the total number of illegitimate births and a similar proportion were born to women over 40 years.

The intended fate of illegitimate babies is ascertained by health visitors who call approximately one month after delivery and is shown in the accompanying table:—

Baby adopted	...	...	...	...	509
In care of L.A.	...	...	...	...	138
In voluntary trust	...	...	...	...	17
Baby with mother	...	...	...	...	148
Baby with mother and parents	...	...	...	...	927
Mother married subsequently	...	...	...	...	204
Mother cohabiting	...	...	...	...	203
Baby with father	...	...	...	...	5
Baby with grandparents	...	...	...	...	6
Babies died	...	...	...	...	198
Babies stillborn	...	...	...	...	145

There has in the past decade been an increase in the number of unmarried mothers retaining care of the baby and cohabiting, and in the proportion of babies retained by their own mother alone or by their own mother living with her parents.

The nationality of the mothers giving birth to illegitimate children in the past six years is as follows:

British	...	3,473
West Indian	...	348
Asian	...	32
Other	...	82

Proportionate to the number of Asian women in the population the illegitimacy rate has been strikingly low.

## Infestation with Head Lice

Headlice infestation is unpleasant and affects the general health of the child, particularly because of disturbed sleep and also because they reduce the child's self esteem. Every effort is made to maintain confidentiality in treatment although it is probable that the children recurrently and heavily infested become known to their fellow pupils. A proportion of the children suffer from sores on their heads as a result of infecting bites by scratching, and impetigo spreading from sores on the scalp occasionally occurs.

An increase in the number of children infested with head lice has been recorded nationally. In this City the total number of individual pupils infested has been about 3,000 in each year. This is substantially greater than the incidence prevailing for the country as a whole. There was evidence in 1966 and 1967 that the number of children becoming infested was beginning to increase and special attention has been given to the problem during the past few years. We were particularly concerned that a relatively small proportion of these children who were recurrently infested lost much time from school when there was a policy of exclusion. This has been replaced in the case of children recurrently infested by regular treatment at school clinics by hygiene attendants. By this means the amount of time that these children are out of school has been reduced very considerably and this has been achieved without any increase in the total number of children being infested. It has only been possible because of the very considerable effort made by the hygiene attendants and school nurses who

have spent much of their time in cleansing children whose parents were unable or unwilling to attend to the matter themselves.

A recent development has been that an increasing proportion of boys has been infested presumably as a result of longer hair styles which have become more popular. Children of West Indian immigrant parents are very rarely infested and those of Asian immigrant parents rather less frequently than average in the City.

## **Health Visiting Service**

During 1969, Miss F. H. Walker, Superintendent Health Visitor and School Nurse, and Miss A. Wilcock, her Deputy, both retired. They were in post for 25 and 18 years respectively. The Health Visiting Service and family life in the City will benefit from their efforts for many years to come.

An increasing number of the health visitors are now married women, and resignations from the Service tend to be because of pregnancy or other domestic reasons. Consequently a greater interest is being shown in part-time staff in future. The present ratio is three full-time to one part-time, and as under present arrangements full-time health visitors have to some extent to support their part-time colleagues, it is doubtful whether this ratio should be allowed to increase further.

As in previous years demand on the Health Visiting Service has increased. To provide a viable service under these circumstances has meant some further re-organisation. General practitioner/health visitor attachment is now accepted as the best approach to a service which must combine preventive and curative medicine if it is to be fully effective. The attachment scheme and the current policy of community care whenever possible means that much of the work of the Service is involved in 'care and after-care' of patients who previously might have spent long periods in hospital.

As the expectation of life increases each year, so there is need for health visitors to become more involved with both the promotion of health in the elderly and the support of those known to be in failing health.

This work has to be undertaken at a time when existing problems—for example the special needs of the immigrant family—have to receive attention as well.

The problem families find modern society less tolerant of their deficiencies and the struggle to cope becomes harder. They thus require more support. In addition to the special needs of these and other groups of families at risk, the Health Visiting Service attempts to provide a fairly sophisticated preventive service to the community at large. It is, therefore, very important for the staff which is available to have a suitable system of priorities.

The best way of dealing with the work is to ensure that the highly skilled members are fully employed on the duties for tasks which are within their capabilities.



It is intended to employ state enrolled nurses as part of the public health nursing team, which will then consist of health visitor, state registered nurse, state enrolled nurse and nursing auxiliary. It should then be possible for the health visitor to confine her attention to work which requires her own special skills.

The following figures are examples of some of the health visitor cases in 1969:—

Total number of pre-school children visited	...	...	..	...	...	26,286
Total number of persons aged 65 years and over dealt with	...	...	...	...	...	3,035
Number of aged persons visited at the request of general practitioner or hospital	...	...	...	...	...	1,038
Number of diabetic patients dealt with	...	...	...	...	...	741
Number of care and after-care cases	...	...	..	...	...	7,653
Number of tuberculous households visited	...	...	...	...	...	1,172
Number of immigrants dealt with	...	...	...	...	...	5,071

*Co-operation with the Family Doctor Services*

The advantages of the general practitioner and health visitor working in close co-operation are easy to demonstrate, but in the event of full attachment schemes, difficulties may be encountered. Nevertheless, in view of the fact that the community at large is likely to benefit from arrangements of this nature, we must make every effort to overcome these problems. Until recently there has been partial attachment of 23 health visitors to 50 general practitioners and five health visitors giving liaison coverage to 14 general practitioners. These partial attachments have operated on the basis that the health visitor covers cases on the doctor's list in a specifically defined area. Outside this area the cases are dealt with by the general area health visitor. These arrangements can be frustrating for both general practitioner and health visitor. The main disadvantage to full attachment is that the general practitioner cases tend to be spread over a wide area in the City, and travelling time, which can be ill afforded, is in consequence increased.

During recent months we have carried out a pilot scheme of full attachment to a group practice of five doctors. Two health visitors are fully attached, but they work on a geographical basis within the practice. Both health visitors work with all the doctors in the group, each covering half of the City. We are hopeful that some extension of this policy will prove practicable, but in the immediate future this is likely to be more applicable to the group practices. The extent and speed of the development will largely depend on the staffing situation within the Department.

It should be remembered, however, that full attachment to general practice does not mean that the health visitor works exclusively within the practice, but continues to exercise full responsibility for all her functions, including school nursing, health education, and the many aspects of Local Health Authority work in general. She is thus able to act as a co-ordinator; a prime advantage of attachment schemes.

*Co-operation with Hospital Services*

The health visitors who specialise in the care of patients suffering from tuberculosis, geriatric and venereal disease, and diabetes mellitus, continue to work in close co-operation with the hospital departments, and it is

difficult to imagine how we could carry on without such arrangements. We recognise the importance of personal contact, and are convinced that the quality of after-care improves enormously when hospital and domiciliary staff exchange ideas and opinions, and this is particularly evident when dealing with children and the elderly. The amount of co-ordination increases annually, but there remains much to be done in this field of work.

## **School Nursing**

School nursing within the City is carried out by a team consisting of Health Visitor/School Nurse, Public Health Nurse and Nursing Assistant.

A full report on this section of the services is given in Chapter 3 (School Health Service).

## **Nurseries and Child Minders Regulation Act 1948**

During 1969, 385 applications for registration as child minders were made; 225 of these were approved and 16 were refused, 12 on the grounds that the premises were unfit; four on the grounds that the persons were unfit. A number of applicants withdraw their applications before registration is completed, and in many cases it is necessary for several visits to be made in order to ensure a reasonable standard of care and safety for the minded child.

On the 31st December there were 27 minders caring for 151 children under the 1948 regulations, and 196 minding 303 children under the 1968 amendment.

There are two private nurseries on the register, providing places for 20 and 30 children respectively.

## **Playgroups**

The number of pre-school playgroups has increased by approximately 33 per cent during 1969, which is a smaller increase than was experienced during 1968. On the 31st December, 1969, there were 32 groups registered: three were in the preliminary stages of registration. It is possible that saturation point has almost been reached, and that the growth will be less dramatic in the future.

Interest in the establishment of pre-school playgroups appears to be heightened during the spring and summer months when mothers have more opportunity to meet together to discuss the needs and demands of their children.

## SCHOOL HEALTH SERVICE

The traditional pattern of routine medical inspection of school children, at the ages of five, nine and 14 years, has ended in Bradford. All children are now examined in their first year of school life and thereafter by selection. Children showing evidence of school failure or school phobia may be examined at any time and mainly at the instigation of teaching staffs.

It is hoped that in this way, medical resources and attention will be focussed on those children with the greatest need.

The importance of regular screening of all school children for defects of vision and hearing has been recognised as an important part of the new scheme and this is being carried out by three nurses who have received special training in audiometry. Groups of children are tested in school on the Peter's Audiometer and the Keystone Vision Screener, during the same session. Those who fail are referred to the appropriate specialist. It is hoped to test every child biannually. However, such a commitment is very demanding on professional time and the success of the scheme will undoubtedly depend on the availability of adequately trained personnel.

## The Medical Examination of Immigrant Children

The pre-school medical examination of all children arriving from countries abroad was continued.

If necessary, children were referred for specialist-examination and treatment and a few were admitted to special schools. The following specific tests were made:

- i) Heaf Test, followed by B.C.G. vaccination or X-ray of chest as indicated.
- ii) Stool tests for pathogenic organisms and helminth ova.
- iii) Blood tests for anaemia.

In eight cases stool culture disclosed the presence of enteric infection (mostly Sonne dysentery organisms in symptomless carriers), and treatment, along with investigation of family contacts was arranged with the general practitioners by the Health Department. It is of interest that of this group, three cases had come from Australia, two from Pakistan and one each from Cyprus, India and the West Indies.

A total of 1,238 children was examined compared with 1,359 in 1968.

At the end of the year there were 72 immigrant children on the registers of special schools:—

SCHOOL	Asian	W.I.	TOTAL
Chapel Grange (E.S.N.) ... ..	2	7	9
Langley (Delicate) ... ..	5	2	7
Linton (Delicate and Maladjusted) ... ..	2	1	3
Lister Lane (Physically Handicapped) ... ..	14	—	14
McMillan (E.S.N.) ... ..	5	7	12
Netherlands Avenue (E.S.N.) ... ..	4	2	6
Odsal House (Deaf and Partially Deaf) ... ..	7	6	13
Temple Bank (Partially Sighted) ... ..	6	2	8

**Vaccination and Immunisation**

Immunisation against poliomyelitis, diphtheria and tetanus was offered to children at the school medical examinations. During the Autumn term, B.C.G. vaccination of pupils over the age of 13 years, and found to be Heaf negative, was carried out.

B.C.G. Vaccination in 1969:

	Indigenous Children	Immigrant Children	Total
No. of pupils skin tested ...	2,263	997	3,260
No. of positive reactors ...	470 (20.76%)	449 (45%)	919 (28.5%)
No. of negative reactors ...	2,015	496	2,516
No. of negative reactors vaccinated with B.C.G. ...	1,968	480	2,448

**School Casualties**

Teachers made full use of the casualty service provided at the Central Clinic for school children during term time.

Total casualties ...	977
Wounds requiring suture ...	82
Children referred to hospital ...	158
Total treatments given ...	3,146

**Examination before Admission to Remand Homes**

The total number of children examined before admission to remand homes was 186.

**Examination of Teachers and Students**

Routine medical examination of teachers on appointment, and students proceeding to college, was carried out as follows:—

Teachers ...	39
College Entrants ...	336

**Analysis of Cases seen by Oculists (Dr. R. L. Belsey, Dr. H. G. Black, and Dr. M. Davies)**

	School Children	Pre-School Children
Errors of refraction	2,661	1
Squint	242	10
Other defects	78	1
Referred to hospital for orthoptic treatment	44	—
Number of children for whom spectacles were prescribed	844	—
Number of children for whom spectacles were supplied	838	—

Since Dr. Black's death in March, Dr. Belsey has provided nine sessions each fortnight at the Central Clinic. From September Dr. Davies has held one weekly clinic at Odsal and at Green Lane.



**Audiometric Testing**

The audiometric screening of each child in his first year of school life has continued. A total of 2,817 children was tested by the Audiometrician from the Bradford Royal Infirmary, and of these, 151 were referred to hospital for further investigation.

In addition, 248 children of all ages were tested by three school nurses who have received special training in this field.

**Speech Therapy**

At the beginning of the year the Speech Therapy Department was fully staffed by three full-time therapists. In September Mrs. Hayes resigned, followed later by Mrs. Wild the Senior Speech Therapist.

Until September, sessions were held at the Central Clinic, and at Allerton, Bierley, Eccleshill, Holmewood and Odsal, with weekly visits to Chapel Grange, Netherlands Avenue, McMillan and Lister Lane Special Schools. Unfortunately these sessions had to be reduced when our speech therapists resigned

During the year, 518 new cases have attended for diagnosis and treatment, and 267 children have been discharged. A total of 75 pupils received treatment in special schools.

Attendances have been as follows :

		School Children	Pre-school Children
School clinics	...	3,414	501
Special schools	...	1,168	

There has been an encouraging increase in the number of pre-school children referred, but despite this, waiting lists have been kept at a minimum. In the present staffing situation, it seems unlikely that this favourable position will be maintained.

**Physiotherapy**

There were nine physiotherapists on the staff by the end of the year.

The work of the Department has continued to change. Fewer children have been referred to the school clinics and treatments given were mainly postural and breathing exercises.

Daily physiotherapy was started at Langley Residential School in April. A weekly session was begun at Wedgwood House and the weekly session continued at Lindley House. The staff at Lister Lane School gave treatments and supervision to 108 children.

The staff have regularly attended 14 clinics in the City as well as making advisory visits to Linton School, day nurseries and children's own homes.

**Chiropody**

Ninety per cent of children attending Mrs. O'Donoghue's Clinic suffered from verrucae. Other conditions included ingrowing toe nails, and hyperhidrosis. Those with corns were relatively few. A total of 759 children made 2,368 visits.

**Defaulters**

During the year an enquiry has been made into the reasons for children failing to keep appointments at hospital out-patient departments. A substantial number of parents defaulted appointments each year for reasons which vary from simple misunderstanding to negligence. An analysis of 100 consecutive cases was made and the reasons for their failure to attend was as follows:—

Change of address ... ..	20
Child had illness ... ..	20
Dissatisfaction with previous advice ... ..	4
Heavy family commitments ... ..	14
Parent ill ... ..	2
Inadequate or negligent parent ... ..	17
Progress considered by parent or other satisfactory ...	9
Mother recovering from childbirth ... ..	3
Parent at work ... ..	3
Other reasons ... ..	16
Reason not known ... ..	6
	<hr/>
	100

In seven of the above cases there was some difficulty in the family situation, *i.e.* parents separated, or unmarried, and in three known cases the children come into the care of the Children's Department.

**Special Schools**  
**Linton Residential School for Delicate and Maladjusted Pupils**

Miss J. B. Wilson, School Nurse for 18 years retired and was succeeded in September by Miss S. Filewood. Later in the Autumn term, Mrs. Nicholl was appointed to relieve Miss Filewood, so that she could have regular weekends off like the rest of the staff.

In September it was necessary to close two half dormitories and restrict admission because of the shortage of welfare assistants. The year ended with some improvement of the situation and 101 children were on roll.

For the first time for many years no children stayed at school for the Easter or Spring Bank Holidays.

In June, the third exchange visit with the Royal Wanstead School took place. Thirty-one children and four staff enjoyed a full week's holiday and completed some extremely useful work.

**Lister Lane School**

Mr. Mitchell took up his appointment as Headmaster in January. The number of children on roll has varied between 133 and 141. Thirty-five children were admitted and 45 taken off the register. Three pupils died, 25 proceeded to normal schools and 17 attained school leaving age. Fifteen of the children on the register were from immigrant families.

The main disability groups in the school were as follows:—

Spina bifida ... ..	20
Cerebal palsy ... ..	49
Post polio ... ..	21
Congenital deformities ...	7
Perthe's disease ... ..	12
Heart defects ... ..	4

The number of spina bifida cases in the school is steadily increasing as the survival rate for these children improves. This has brought with it special problems in school since these pupils require a considerable degree of nursing care and hygiene attention. The need for more auxiliary help is becoming increasingly apparent.

The figure for post-paralytic poliomyelitis cases is still reasonably high because this includes nine children from immigrant families.

Closer liaison between the Youth Employment Service and the Welfare Department has been established and case conferences are to be held regularly to review the needs and prospects for every school leaver.

The swimming pool was opened in February and it has already proved successful as a therapeutic aid and for teaching swimming. It has also been used twice weekly by children from Langley School.

Preliminary discussions have taken place on the possibility of providing special facilities in one of the City's new secondary schools, to accommodate physically handicapped pupils over 13 years of age. Not only will this allow greater educational opportunities, but it will also enable them to integrate with normal children in a wide variety of school activities.

### **Langley Residential School for Physically Handicapped Pupils**

Mr. W. K. Griffiths was appointed Headmaster and commenced duty in January in succession to Miss Stobart. Since Easter we have been fortunate in securing the services of his wife, a qualified physiotherapist, for three and a half weekly sessions. She takes a special interest in the care of the asthmatics and has also arranged swimming lessons at Lister Lane and Wharfedale Hospital School.

At the end of 1969 there were 129 children on the register. Seven of these were children of immigrant parents. They have integrated well into school life and often shown great zeal for learning. From January all the children went home every weekend, providing they were fit to travel. This has worked very well and produced favourable reactions from children and parents without serious complications.

### **Temple Bank School for Partially Sighted Pupils**

There were 84 children on the register in January and 82 in December. During the year there were 10 admissions and 12 discharges. Those admitted included four infants of five years of age and six children transferred from other schools. Four children came from other Authorities.

Children discharged included two to normal schools, one boy to residential school, one boy to the Sheffield School for the Blind, and two boys to training centres. The remainder leaving school at the statutory age of 16 years ultimately found suitable employment. One girl enrolled on a commercial course at the Bradford College of Technology.

During 1969, two children were successful in passing examinations in History, Geography, English and Mathematics. With the co-operation of Mrs. Clarkson, Headmistress of Chapel Grange School, the older children of Temple Bank have continued to use the swimming bath for weekly instruction and a number have been awarded certificates.

The new room added to the premises in 1968 has given more scope for woodwork and pottery activities. Models made by the children were included in the Art and Craft Exhibition held during October at the Cartwright Hall.

Early in February, the Education Department arranged for a minibus to bring the younger children to school from the City centre. This has proved very successful during the year and has been greatly appreciated by children, parents and staff.

In June, the first case conference on school leavers was attended by the Senior School Medical Officer, the Youth Employment Officer, and representatives of the Education and the Blind Welfare Departments. The meeting reviewed the difficulties in placing partially sighted children in employment. It is hoped that a concentrated effort by several departments will help to overcome or minimise these in future.

### **Odsal Day School for Partially Hearing Pupils**

The number of children on roll throughout the year has been 149, occasionally rising to the ceiling figure of 150. The growing number of young children from two to five years has necessitated the creation of an extra infant class, and has enabled the school to separate children with useful hearing from the age of five years upwards. There were approximately 65 deaf children and 80-85 partially hearing children in 15 classes.

Two children gained places at the Mary Hare Grammar School whilst a third child was offered a place if he could not continue satisfactorily in the hearing public school to which he was admitted. Two girls were successful in C.S.E. examinations.

Five pupils represented Great Britain in Deaf Olympic Games held in Belgrade in August. Although all reached the finals of their events none were awarded a medal. There was a succession of weekend camps for boys and girls preparing for The Duke of Edinburgh Awards. Eleven children gained their first canoeing certificates; sailing being an established interest in the school.

The school has continued to enjoy a good relationship with the Ear, Nose and Throat Unit of Bradford Royal Infirmary, and hearing-aids and ear moulds have been serviced and replaced promptly. A large number of partially hearing children have been supplied with ear level hearing aids and are making good use of them, though their performance is less satisfactory than the more robust body-worn aids.

Five new teachers joined the staff in September, enabling an in-service training programme to be followed.

### **McMillan Special Day School for Educationally Subnormal Pupils**

There were 189 children on the register at the beginning of the year and 182 in December.

The school has been fully staffed with a teacher for each class plus a specialist gardening teacher. Mrs. Horsman, the Welfare Assistant, gave



1,765 treatments for minor accidents such as cuts and bruises, and generally supervised the washing and general cleanliness of pupils on 1,021 occasions.

This clearly underlines the importance of auxiliary welfare and nursing help for teaching staff.

### **Chapel Grange Special Day School for Educationally Subnormal Pupils**

There were 114 pupils in the school at the beginning and end of the year. Seven children left to take up employment and two proceeded to ordinary schools. Two boys were transferred to McMillan School and five girls to the Training Centre. One girl was seconded successfully to Wyke Manor School for two and a half days per week where she joined in the normal school day.

A wide variety of outings and excursions has been arranged in an effort to widen the environment and experience of the children. The school mini-bus has been particularly useful. The senior group made working visits to various aspects of the Social and Welfare Services including Odsal Clinic, and the Social Club for the Physically Handicapped and have learned a great deal about Community Service.

### **Thorn Garth Residential School**

There were 32 children on the register at the beginning and end of the year. Four boys left to take up employment and three were able to proceed to normal schools.

There are now four residential teachers as well as a part-time teacher employed for fifteen hours a week for extraneous duties. Two new welfare posts have been created—a Resident Welfare Assistant and Deputy Matron.

The two staff homes are now completed and occupied respectively by the Headmaster, a teacher and their families. A classroom block is still under construction and should be completed by next Easter. This will provide some extra indoor space which is badly needed.

### **Netherlands Avenue Special Day School for Educationally Subnormal Pupils**

In January the school had a complement of 138 which rose to 140 at the end of the year.

The “work scheme” for the top class girls has continued all the year with success. The Youth Employment Service found employment for all leavers and more employers have shown a willingness to help. There have been more places to send children than have been needed, thus ensuring that the pressure on any one firm has not been too great. Each Wednesday, four girls from the top class have acted as helpers at Raphael House. This has proved a rewarding experience for them.

During the year seven boys and two girls returned to ordinary schools and their progress is being followed by the Educational Psychologist.

## School Nursing

School nursing within the City is carried out by a team consisting of health visitor/school nurses, public health nurses and nursing assistants. The routine work such as eye testing, audiometry, preparation for and attendance at school medical inspections, etc., is delegated to the public health nurse, whilst the nursing assistant is concerned with hygiene and generally assisting the other members of the group. This allows the health visitor to concentrate on special problems relating to individual children and health education within the school.

A progressive effective service which relates to present day requirements must be maintained, and therefore the procedure relating to hygiene inspections in school has been changed. A full inspection is now carried out annually instead of once a term and frequent school visits are made to re-examine known cases of infestation. This enables the staff to spend more time with those children who are infested instead of examining large numbers of children who are clear. Little is gained from the full inspections, since we are aware of the majority of cases before examination. The few accidental infestations suffer little, since the majority of these children have competent parents who will discover the condition and ask for help. It is important, however, to avoid creating a situation where other children would become aware of individuals who were often infested. Therefore, at each visit school nurses also examine children for other reasons, *e.g.*, eye testing, verrucae, etc. Alternative methods of control must be explored since at the present time the general hygiene of school children can occupy valuable professional time to little effect. The teachers are a little apprehensive regarding the effects of this change, and this is not surprising, but the staff are always willing to examine either separate classes or individual children at their request, and it is to be hoped that as time goes on they will gain confidence in the new routine.

The school nursing staff now carry out a routine audiometry sweep test of all nine year old children. The Audiometrician attached to the Ear, Nose and Throat Unit at Bradford Royal Infirmary tests approximately 50 per cent of school entrants, and the remaining children in this age group are tested by the school nurse.

At Lister Lane Special School, and Buttershaw and Tong Comprehensive Schools, full-time nursing staffs continue to be employed.

The two residential schools, Linton and Langley, retain nursing staff on their establishment. The nursing problems in these schools are varied, and the work-load fluctuates between children needing 'welfare' supervision, and medical cases that are very demanding.

## School Dental Service

### *Staff*

The full-time equivalent of dental officers at 31st December, 1969, was 7.8 (or approximately 7,000 children per dental officer) and this, our weakest position for five years, reflects the increasing difficulty in recruitment in general.

Mr. E. H. Rushworth, Area Dental Officer, emigrated to Australia after five and a half years on our staff.

Mr. G. V. Morrell, Part-time Dental Officer for many years, left in March to take up a full-time appointment at Leeds Dental School and Hospital

Mrs. V. Rogers, Part-time Dental Officer for two and a half years, left on maternity grounds.

Miss K. Fellows, Dental Auxiliary, left in May prior to her marriage and is now employed by Northamptonshire County Council.

We wish them all well.

General anaesthetics staff consists of one full-time senior medical officer and one part-time medical officer (G.P.). Dental surgery assistant staffing remains in a sound position.

### *Statistics*

Statistics for the year's work are compiled under two headings reproduced in the Appendix tables 'School Health Service—Dental Inspection and Treatment Statistics' and 'Dental Services for Expectant and Nursing Mothers and Pre-School Children'. Although it is not possible to inspect the whole school population in 12 months, it will be obvious from the work done that comprehensive treatment is given to those who do undergo treatment. The encouraging trend continues in respect of fillings, including crowns (particularly porcelain jacket crowns) inlays and root-treatments, relative to both permanent and deciduous teeth.

Liaison with the Regional Hospital Consultant in Orthodontics (Mr. D. B. Johnson, F.D.S., D.Orth), has developed most satisfactorily and he completed 23 sessions at Manor Row Central Clinic during the year, with an average of 13.6 patients attending each session. A similar happy liaison exists with the Regional Hospital Consultant in Oral Surgery (Mr. H. D. Penney, F.D.S.) who has dealt with a large number of cases referred by us for hospital admission and surgical intervention (including 'routine' cases such as haemophiliacs, spastics and patients on special chemotherapies).

Co-operation with medical and dental general practitioners continues satisfactorily with particular accent on the prompt treatment of 'accident' and general anaesthesia cases referred by them to us.

### *Fluoridation*

In each Annual Report since 1965, the Principal Dental Officer has emphasised the very real need for preventive measures and that the most effective and practicable method is that of fluoridation

It is with regret, therefore, that it is recorded that Bradford City Council in September 1969 rejected, yet again, the principle of fluoridation, even after the overwhelming evidence in its favour, produced in the publication of the "Results of the Eleven Years Study in the U.K."

### **Child Guidance Clinic**

There has been a steady increase in the number of referrals this year but the staff has been able to cope with the increased work-load because of

the co-operation between the Child Guidance and Mental Health Services.

We have had to discontinue the practice of classifying children according to diagnosis because the complexity of the factors involved makes it impossible to define the predominant symptom. Our impression, however, would suggest that delinquency and behaviour disorders constitute the major problems in most referrals, and investigation of these cases usually reveals an alarming breakdown of parental responsibility. This breakdown of parental responsibility shows itself in many practical ways. A large number of the children referred to us seem to get an inadequate amount of sleep and their personal hygiene is often quite appalling. It is humiliating to have to admit that heads of residential schools insist that indigenous children from Bradford can be relied upon to have the lowest standards of bodily cleanliness. As immigrant children in Bradford usually have a high standard of cleanliness, it does not seem that bad housing can be the main reason for the filthy condition of some of our children.

We are fortunate in this City to have a high standard of co-operation among all those working in the field of child care, but it may be that increasing attention should be paid to preventive measures among families where difficulties have not yet been manifested. This would involve education among school leavers and the extension of the "at risk" register to include vulnerable families. Many of these are already known to teachers, general practitioners and health visitors, and they would no doubt welcome assistance which was not directed at an individual member of the family, but which aimed to raise the general well-being and status of the entire household.



**MENTAL HEALTH SERVICE**

The staff of the Mental Health Service has increased its activities in the field of community work, and this has been made possible by closer co-operation with both family doctors and hospital medical staff. In this City the Service has now come to be recognised as a vital link between the various agencies responsible for the treatment and management of all forms of mental disorder. While this has increased the pressure of work it has also eliminated a considerable amount of duplication, and in that way has made the Service more efficient. Plans have been concluded which will rationalise the staffing structure and so improve the career prospects and allow for better management.

There are now six permanent establishments administered by the Mental Health Service which together offer 458 places in the community. In addition to this, residential accommodation provided by the National Association for Mental Health and the Housing Department account for another 26 places. There is a need for considerable experiment in the management of mentally disordered persons in the community, and it seems likely that if community services are to be a success, they must be varied and flexible.

**Prevention, Care and After-Care**

The Young People's Advisory Service continues to function successfully. Mrs. Wood, the Psychiatric Social Worker who has been largely responsible for organising this Service has gained a lot of experience during the past three years, and we expect that we will be able to indicate further areas of development in the future.

An attempt has been made to increase the amount of work done with parents of mentally subnormal children, but it is apparent that these parents still carry a considerable burden and usually need help to cope with the distresses, guilt, and uncertainty which is often associated with the arrival of a subnormal child. In this regard much credit has to be given to the Bradford Society for Mentally Handicapped Children for the support which they give parents, many of whom find that membership of the Society has done a great deal to enable them to find satisfaction in what originally appeared to be a distressing situation.

The progress made at the six establishments administered by the Mental Health Service is as follows:—

*Glenholme Hostel*

The Hostel continued to be the centre for a variety of services in addition to its main residential function. In this way the homely bustling atmosphere has been maintained, and this tends to inhibit any tendency to institutionalisation. The Hostel was fully occupied throughout the year; the majority of patients (77 per cent) having been in residence longer than six months. Nearly half of the residents were in full-time employment.

### *Listonshiels*

A small number of ladies took up residence in this Hostel during the year. They soon settled very happily and were well received by the men who had always regarded it as a strictly masculine province. The introduction of a feminine element has certainly helped to soften the atmosphere of the hostel and produced an improvement in the general behaviour of the men.

### *Lindley House Junior Training Centre*

The number of children on the register was 181. This produces a staff ratio of 14 children to one staff. This is higher than is desirable, and we are hoping to improve the balance as more accommodation becomes available. The stress on teaching has increased and this should be extended as more qualified staff becomes available. This profession is becoming increasingly attractive to young women, and it seems important that opportunities for training should be increased.

### *Melville House Adult Training Centre*

Experience during the past year has shown that the design of this Centre is eminently suitable for the type of work undertaken. The trainees enjoy the busy atmosphere provided by the large workshop, and the increased flexibility and facilities have made it possible to improve and extend the work undertaken. We would like to thank the following firms who have given us contracts during the year:—

James Lumb Ltd., Bradford	W. Midgley, Cleckheaton
Fishers, Huddersfield	Aikman & Kaye Ltd., Bradford
Mulcott Belting Co., Bradford	Anderton Springs, Bingley
Stevensons, Shipley	Norman Fenton, Leeds
Calder Paper Co., Halifax	Bysel, Heckmondwike
Widdops, Bradford	Isco 5, Bradford
Messrs. Mack-King, Ripponden	V. Wright, Morley
Thompson and Pearson, Bradford	Storey Evans, Rawdon

The total value of the work done was £3,075. The Payment Scheme continues to be administered by the City Treasurer and we would like to thank him and his staff for their co-operation.

### *Wedgwood House Special Care Unit*

The number of children on the register was 61. The demand on this Service tends to increase as more parents accept the responsibility of keeping their children at home provided regular help is available. Despite the severe intellectual retardation of most of these children we are endeavouring to introduce teaching and training techniques and in this respect receive valuable assistance from the School Psychological Service.

### *Thornlea Short-stay Hostel*

The demands on this Hostel have also been continuous throughout the year. The Housemother, Mrs. Hughes, and her staff appear to have an unlimited potential to cope with difficult circumstances, and the Hostel has proved to be a reliable sheet-anchor in solving many domestic crises.

It is encouraging to see that it has now been officially recognised that hostels of this type should be able to play an important part in the care of mentally subnormal children in the future, and we feel sure that the experience gained at Thornlea will prove a great asset in planning the extension of the residential services.

## **Guardianship**

There were four persons under guardianship during the year. One of these appealed unsuccessfully to the Mental Health Review Tribunal. We continue to find Guardianship Orders helpful in the management of certain patients, but the tendency to consider it applicable only to those who are subnormal limits its usefulness.

## **Compulsory Admission to Hospital**

There has been a slight increase in the number of compulsory admissions to hospital. It is interesting that again this year the majority of patients were admitted informally (578) whereas of those admitted compulsorily the majority were admitted under Section 29. This tends to suggest that the shortage of suitable qualified practitioners in the City means that this provision of the Act tends to be misapplied.

The availability of acute psychiatric beds within the City has proved very popular with patients and relatives, and it is very doubtful if the remainder of the City will tolerate indefinitely the arrangement whereby they have to rely on an out-of-town hospital for psychiatric services.

## **Ancillary and Supplementary Services**

### *(a) Alcoholic Clinic*

This clinic has provided a useful catalyst for the development of services to alcoholic patients. The purely clinical side of the Clinic is now being supplemented by social support, and the patients are now requesting an extension of this supporting service. It is hoped to start a Club as soon as suitable premises can be found.

### *(b) Mothers' Group*

This Group provides a forum for young women to discuss their difficulties under the leadership of the Senior Psychiatric Social Worker, Miss Cottle, who reported on this year's work as follows:—

"The Mothers' Group continues to function, but owing to staff difficulties, on a fortnightly basis only. The average attendance is eight mothers and ten children. The children have greatly missed Mr. T. Beardmore who is taking the C.S.W. Course and was the resident 'play therapist', but have accepted Mr. J. R. Clarke as a substitute as well as students who are brought in to help from time to time. The majority of these children have had problems in relating to adults as well as to their peers and the fact that they are able to accept a change of 'therapist' with a minimum of disturbance seems indicative of their increased stability.

During the year we have had some mothers who have 'graduated' because they feel they can cope on their own without the support of the group, and two have been able to take part-time jobs as well as managing their households. We have had



very few readmissions to hospital and, in general, the mothers seem to be handling their problems much more constructively. Attempts to form a parallel fathers' group have been resisted by the mothers. To this extent the experiment has not been successful as in this way the whole family group is not being involved. If the staffing situation allowed, one would hope to hold day-time groups along with evening groups for mothers and fathers, but at present this is impossible."

### *(c) Social Clubs*

There are now two clubs for mentally subnormal adults; one mixed, the other for ladies only. These clubs are held at Melville House and Lindley House respectively, and continue to prove very popular. The experiment of mixing the sexes at Melville House has been well received and has made it possible to provide the sort of club activities which are found in normal youth clubs.

The club for agoraphobics was well supported through the year and received some publicity when they appeared on television. Mr. Podmore, the Senior Divisional Mental Welfare Officer, was responsible for organising the club activities and has submitted the following report:—

The Agoraphobic Group continued to hold fortnightly meetings throughout the year at Lindley House Training Centre. Membership of the group has increased as new members have been referred by one of the consultant psychiatrists of High Royds Hospital who has taken particular interest in the group's activities and has attended several of the group meetings. As well as formal fortnightly meetings, outings have been arranged by coach and car with the aim of encouraging members of the group to face up to anxiety provoking situations such as travelling long distances from home, travelling by coach, going out into the open country, going into cafes for meals, or into other crowded places with the supportive atmosphere of the group to help them. There is no doubt that experience has shown the need for such a group and the improvement shown by some members has indicated its value.

## **Co-operation with the Hospital and General Practitioner Services**

The Mental Health Service works very closely with both hospital and general practitioners. Two social workers are jointly appointed by the local Hospital Management Committee and the Local Authority. In addition to this there is a considerable amount of free informal co-operation which has ensured that the patients receive a better service.

The Principal Medical Officer for Mental Health continues to play an important role in the admission of patients to hospital, particularly those with psycho-geriatric disorders. In addition to this, the consultants in adult psychiatry and subnormality hold clinics in the offices of the Mental Health Service, and this general inter-change has improved the communication between the various services caring for the mentally disordered.

## **Co-operation with Voluntary Associations**

The National Association for Mental Health and the Bradford Society for Mentally Handicapped Children have undertaken a great deal of work in the field of mental health. Some of their members devote a considerable

amount of time and money to the provision of services, and we have always found them ready to help. Both these organisations have provided establishments of their own. The hostel run by the National Association for Mental Health has proved a most successful experiment and shows that voluntary bodies can contribute a great deal in this field. The Bradford Society for Mentally Handicapped Children has made outstanding progress with their centre, "Ardwyn House", and I have no doubt that this centre will ultimately prove an invaluable complement to the services provided by the Local Authority. A number of individual voluntary workers have also helped at the clubs by providing transport, visiting, etc., and work such as this has proved a great help to many patients.

## **Registration of Homes**

One residential home for the mentally disordered is registered under the National Assistance Act. This home is administered by the Bradford Branch of the National Association for Mental Health.





**GERIATRIC, CARE AND AFTER-CARE SERVICES**

Locally, as nationally, the proportion of old people in the community as a whole is increasing. A growing proportion of the population is therefore at risk of becoming physically or mentally ill because of the ageing process.

At the same time there has been a tendency over the past years for the old to become more isolated from family and friends. Such social isolation is often complicated by poverty, malnutrition or poor living conditions and tends to produce physical, mental or social breakdown. This creates a considerable problem for health and welfare departments and means that a comprehensive service for the community care of the elderly is essential.

In the city of Bradford there are over 40,000 people of pensionable age—some 14 per cent of the population. Domiciliary services which are provided are home help, home nursing, health visiting, laundry, loan of medical equipment, chiropody and, with the assistance of the W.V.S., 'Meals on Wheels'.

To ensure co-ordinated services to care for the elderly, family doctors, hospitals and the Health and Welfare Services of the Local Authority have to play a corporate role. Medicine is making great strides in treating illness in the aged and major research efforts are being made to understand the mechanism of the ageing process. The prospect of life-expectancy approaching the century is thus not a dream from science fiction. In the past, help for old people has been given by a large number of voluntary agencies and local bodies as well as the statutory services. Their help will no doubt be needed in the new services which are envisaged in the Social Services Bill and 'Green Paper' proposals for re-organisation of the National Health Service.

The integrated services which are proposed will seek to provide better diagnostic, therapeutic, rehabilitation and supportive facilities for the whole community. In respect of the elderly, the emphasis must be on keeping them as fit as possible in their own homes.

**Geriatric Register**

The register now has some 13,800 names. Information for the register continues to be obtained from the Home Nursing Service, home helps, health visitors, Chiropody Services and the Transport Department. The 'At Risk' groups on the register are the following:—

1. Those over 70 who have been in hospital.
2. Those over 70 living alone.
3. Those socially isolated due to slum clearance, or because they live in largely immigrant communities.
4. Those over 80.

There are about 5,000 such elderly on the register who need the maximum care and attention. At present the Senior Medical Officer (Geriatrics) is in the process of compiling certain figures from the register, so that comparative studies can be made to indicate which of the ancillary services are being most commonly used by the elderly people in the City.

### **Geriatric Preventive and Advisory Clinic**

The Clinic has been moved from its original venue at Midland House, Forster Square—a move made necessary because of the difficulties old people experienced in attending the Clinic in the City's busy centre.

The Clinic has now been set up at the Holmewood Health Centre in co-operation with the general practitioners and health visitors working there. This has met with considerably greater success.

Health visitors visit the elderly in their homes and take a complete social and financial history. When the patient attends the Clinic the history sheet helps to promote discussion of social and financial difficulties with the Medical Officer and Health Visitor. The discussion is followed by a complete medical examination to detect any overt disease. The patients' own family doctor is then provided with a complete report. The Clinic appears to be growing more widely known among the elderly in the area and if this is sustained it is hoped to open a clinic on similar lines at one of the other health centres.

### **Health Education for the Elderly**

In conjunction with the Health Education Officer, Senior Geriatric Health Visitor and Senior Medical Officer, it is hoped to provide some educative literature and talks, with a film show, which will be taken to those places where the elderly are likely to meet socially, such as the 'Darby and Joan Club', etc., where it will be possible to spread information about the Geriatric Advisory Clinic services.

### **Medical Services for Residents of Welfare Homes**

The Senior Medical Officer's restricted general practitioner's list has now reached a total of 728 patients; all residents of the welfare homes which are scattered all over Bradford. In addition to this number the residents of 'Glenholme' Mental Health Hostel are included in the Senior Medical Officer's list. The residents of all the welfare homes are generally infirm and can be divided into three groups in this context:—

1. The elderly mentally infirm (predominantly women).
2. Those elderly who because of the degenerative changes of age, need considerable help and supervision.
3. Elderly frail, but ambulant.

The Senior Medical Officer as medical advisor to the Welfare Department, with the help of the Director of Welfare Services and his staff, is making efforts to ensure that these cases are placed in the accommodation most suitable for them. This has meant that more visits for medical assessment

were necessary before an old person was admitted to any of the homes. With the help of the Consultant Geriatrician in charge of the Hospital Geriatric Service in the City, it has also been possible to ensure that cases are admitted to hospital or welfare accommodation as is most appropriate.

There is always a considerable number of residents who are suffering from various short illnesses and minor ailments, and consequently a good deal of the Senior Medical Officer's time is taken up with clinical duties. Indeed, during the winter months, or if there is a sudden outbreak of illness which radically affects the elderly, the Senior Medical Officer can be fully occupied by attending to the emergency calls.

This year 207 residents and 100 Welfare Department staff were vaccinated against 'Asian' influenza on the basis of the trial done previously. This appeared to give about 75 per cent protection to the group from illness.

The main home, 'The Park', which has 262 beds, is visited each morning for a clinical round, to attend to minor ailments and to treat the short illnesses of those patients transferred from other homes, because they need nursing attention. The other 12 homes are each visited once a week to attend to minor ailments and to assess the previous treatments given. Quite a few of them, however, need a twice-weekly round.

A survey is in progress to find out the incidence of anaemia in the residents admitted direct from their own homes, and to relate this to the type and quality of diet, to isolation, and the amount of help received from home helps, 'meals on wheels' and relations and neighbours.

A part-time medical officer provides assistance with the routine visiting and is now doing six sessions per week. Two of these sessions are for special visits to the elderly in connection with their applications for re-housing on medical grounds. This year 238 such visits have been made. The Senior Medical Officer also does domiciliary visits to cases referred by general practitioners, hospitals, health visitors, mental welfare officers, voluntary workers and the Senior Health Visitor (Geriatrics) to assess the particular needs for care and after-care, and to see what services may be employed to help maintain the elderly in their homes. He also assesses the medical need in relation to re-housing.

## **Senior Health Visitor Geriatrics**

The Senior Health Visitor (Geriatrics) is a direct link between this Department and the Geriatric Unit of the Hospital. During the year she made a total of 706 successful home visits. Of these, 266 were in relation to applications for re-housing, 205 were done directly at the request of the Geriatric Unit, and the remaining 235 special visits were for a variety of other reasons (c.g. suitability for Day Centre attendance, defaulters from the Centre, visits requested by other health visitors, general practitioners and the Senior Medical Officer).

Routine follow-up of discharged hospital patients is being carried out by the attached health visitors on the districts, after receiving information from the Senior Health Visitor (Geriatrics). This information is supplied



to her by the medical and nursing staff and the Medico-social Worker in the Geriatric Unit.

The Senior Health Visitor (Geriatrics) attends the Geriatric Unit three times each week and Bierley Hospital once a week; the latter mainly to arrange new admissions to the Day Centre and to supply information useful to the staff and relations of the patients.

## **Nursing Homes**

There are five registered nursing homes in the City providing 92 beds in all. They cater largely for the elderly infirm, most of whom are ambulant but may require nursing in bed from time to time.

Since the last report one new private nursing home has been opened and another has been considerably extended, thus increasing bed provision by 16. Both these developments were undertaken in consultation with the Department, as well as with the City Development Officer and Engineer, the Fire Officer, etc.

These homes are visited and inspected regularly by the Deputy Medical Officer of Health. Standards of accommodation, nutrition and nursing care are assessed and each patient is asked in private for any observations he or she may wish to make about the attention they receive. Further informal visits, unannounced, are made at frequent intervals by a senior member of the nursing staff of the Authority. Homes observe the spirit of the Regulations as well as legal requirements for their conduct, and most patients are happy and well suited by the facilities offered. Any advice given by officers of the Department is well received and acted upon.

It should be noted that there are no establishments in the City which have applied for registration under the Abortion Act. All terminations of pregnancies under this legislation, therefore, are carried out here in hospitals vested in the Secretary of State for Social Services.

## **District Nursing Service**

Once again there was an increase in the number of patients dealt with, from 5,616 in 1968 to 5,926 in 1969, and home visits increased by 8,591.

The scheme for early discharge of patients from gynaecological wards at St. Luke's Hospital which started in November, 1968, has proved its value. By 'early discharges' we mean patients with clips and/or sutures still in situ. The patients like coming home earlier, and have experienced no ill-effects. The district nurses welcome the opportunity to use their skills in this branch of nursing and the pressure on the hospital beds is relieved. In addition to the 49 patients discharged under the scheme, a further 71 early discharges from the general surgical wards were nursed by the district nurses. Co-operation with the hospital nursing staff is very good; the exchange of information between the district nurse and ward sister is of benefit to the patient. The district nurse is aware of the home situation and consultation with the ward sister ensures the most effective type of after-care.

The bathing attendants, all employed on a part-time basis, have continued to make their useful and valued contribution to the Service. They paid 10,651 visits during the year.

*General Practitioner/District Nurse Attachment Schemes*

The attachment and liaison schemes established at various times since May, 1964, have continued to work smoothly. A further liaison scheme started in September, 1969. These schemes are only put into operation after an initial approach to the doctors concerned. In attachment schemes, the district nurse(s) undertake(s) the home nursing of the doctors' list patients, irrespective of the area in the City in which the patient lives, in addition to holding treatment sessions in the surgery. With the liaison scheme, a district nurse undertakes treatment sessions at the surgery and maintains contact as necessary with her colleagues working a geographical area. With district nurses who are still using public transport and the wide scatter of patients, more extensive attachment schemes are neither practicable nor economical at the moment. Treatment sessions are being held in nine surgeries. A total of 866 sessions (average length is  $\frac{3}{4}$ -hour) were held and 3,715 treatments were given.

Injections	...	...	2,014	(These figures are not included in the annual statistics)
Dressings	...	...	1,170	
Ear syringing	...	...	370	
Others	...	...	161	

In addition to arranged visits to doctors under the above schemes, the district nurses paid 261 visits to doctors and hospitals to discuss patients in their care.

Treatment Clinics are held at:—

Wilton Street	Mon.—Friday	5 to 7 p.m.	3,250 attendances
	Saturday	9 to 12 noon	made during 1969
	Sunday	10 to 11 a.m.	
Holmewood Centre	Mon.—Friday	11.30 to 12 noon	533 attendances
Green Lane Centre	Mon.—Saturday	8.30 to 8.45 a.m.	
		2 to 2.30 p.m.	2,881 attendances

*Staffing*

The staff position has been satisfactory. There were 12 resignations during the year; six to return to hospital, two for posts with other authorities, one for further training, one for health reasons, one for transfer to School Nursing Service and one for family reasons. Fourteen nurses joined the staff and on 31st December we had one vacancy for a male nurse.

*Domiciliary Laundry and Incontinent Pad Service*

The demand on this Service has shown little change from 1968. There were 245 patients needing laundry and linen during the year, for periods varying from a few days to all year. On average 70 patients using 550 sheets are supplied each week.

The number of incontinent pads used continues to rise, although not as steeply as in 1968—from 53,000 to 56,000. The family doctors are more aware of this Service and increasing numbers are being used by families caring for their sick and aged, without the district nurses' help.

### *Night Attendants*

During November and December we lost the services of six of our attendants. One died, two moved out of the City and three resigned because of family commitments. Replacements of suitable personnel for this Service are not easy, with the result that during this period we were not able to meet some requests.

A total of 88 families were helped during the year, from periods of over six months to a few days.

As usual the majority of requests came from the district nurse, 23 from general practitioners and six from other sources.

Brought forward from 1968 ...	11
New requests ... ..	88
Still requiring service 31.12.69	7
Requests not met ... ..	11
Patients died ... ..	41
Admitted to hospital ... ..	30
No longer needed ... ..	10

### **Loan of Nursing Equipment**

During 1969, 2,358 articles were loaned, compared with 2,375 in 1968. There are 46 different types of equipment available for loan, ranging from hydraulic hoists to walking sticks.

To enure that equipment is returned when no longer required, and to economise in the purchase of items, all borrowers are contacted quarterly as to whether the equipment is still required. The only exception is in respect of fireguards, of which 78 were loaned to families with small children at risk, where the family could not or would not purchase the guard themselves.

### **Convalescent Homes**

Holidays arranged by the Care and After-Care Service at Semon Convalescents' Home, Ilkley are still in great demand.

Unfortunately more applications are received than places are available. Many elderly people on their return have sent letters of appreciation for the holiday allocated to them, and saying how they were looking forward to a return visit at some future date. It is clear from the letters that the Matron and her staff spare no effort to make these holidays for the elderly happy and comfortable.

The number of holidays arranged for mothers and children under five years of age with a private Boarding House in Blackpool is lower by 13 applications. Last year 24 mothers were recommended and only 11 applications were allocated a holiday during 1969.

Again three holidays during the year have been arranged at a different Boarding House in Blackpool, on the recommendation of the Senior Chest Physician.



## Convalescent Holidays in 1969:—

Type of Patient	No. of cases and type of home		
	Semon	Home	Others
General convalescent ... ..	...	494	—
Mothers with young children (Blackpool) (21 children paid for by Health Committee) ... ..	...	—	11
Epileptics ... ..	...	—	—
T.B. (recommended by Chest Physician) ... ..	...	—	3
		<hr/> 494	<hr/> 14
Total No. holidays: 508			

## Chiropody

One of the full-time chiropodists took up part-time duties, and was replaced by a part-time member of the staff who has his own transport. This has proved a great help in enabling us to deal with more domiciliary visits.

No. 20 Edmund Street, formerly the Health Education Office, has been acquired for the Chiropody Department, allowing more room at 26 Edmund Street for the Dental Department. This move has been in hand for some time, waiting for suitable premises.

## Supply of Free Milk to Patients Referred by Senior Chest Physician

During 1969, 13 new patients were referred to the Care and After-Care Department for a supply of milk free of charge, by the Senior Chest Physician.

At the end of 1968, 16 patients had been referred. This shows a decrease of three patients during 1969. There were 48 patients receiving a free supply of milk at the end of 1968, but at the end of 1969 only 43 patients were being supplied, showing a decrease of five patients during 1969.

The average number of pints of milk per week supplied during 1969 was 611, as against 678 pints supplied during 1968, showing a decrease of 67 pints.

The average weekly cost to the Corporation at the end of 1968 was £27.10.2 but this decreased to £25.15.0 at the end of 1969.

## Home Help Service

When the Public Health Act, 1968, becomes wholly activated, the Home Help Service will become obligatory instead of being permissive as it has been since its inception in 1947. We are now working towards this time, and taking a look into the future.

It is thought the pressure on the Service will be increased in respect of domiciliary care of the aged and chronic sick. This requires a closer look at the kind of service we are now providing, and many readjustments will need to be made to meet these demands and provide a satisfactory service.

Home helps will need careful selection and firm support from the organising staff to enable them to undertake these important roles in Community Care.

The Home Help Service is a Health Service, and we are not on the look out for merely a "cleaning woman", but for a woman who has understanding of the needs of the people who require her services.

When we take care of the necessary household chores, such as lighting of fires and preparation of meals, it does much to step up the recovery of sick persons because they are relieved of the worry appertaining to these very necessary mundane tasks. The personal relationship between the home help and the recipients of the service is a factor not to be overlooked. This often provides the recipient with a link with the outside world, and in some cases, a life-long friendship.

Properly organised, a Home Help Service relieves pressure on valuable hospital beds, and on residential accommodation.

We continue to give service to an applicant following firstly an assessment of his need and secondly his financial status. The duties carried out by home helps are often irksome and exacting, but in spite of this, many home helps express satisfaction with their daily routine. At the present time it seems right to review our Home Help Service, that we may be ready to face and accept other challenges in the future. We can then take our place alongside the other medico-social services who work for the benefit and comfort of our senior citizens and others who may need our help.

## **Rehousing on Medical Grounds**

The work of the section continues to grow, despite the fact that there is no shortage of accommodation for applicants under the normal "Points" scheme, operated by the City Estates and Housing Department. The demand for ground floor accommodation suitable for elderly and handicapped persons is increasing.

In all, some 1,271 applications were received of which 610 were given medical priority. As there were only 248 lettings on medical grounds out of a total of 3,903 lettings by the City Estates and Housing Department, there continues to be a waiting list of medical applicants of 896. Out of this number 767 are waiting for ground floor accommodation, but it must be stressed that many of these applicants refuse to consider a ground floor flat and want a bungalow only. The Corporation only has 835 bungalows, the tenancy of which changes hands very slowly.

In 1969, 70.5 per cent (896) of the applicants were visited in their homes and assessments made by the interviewer were considered very carefully before a recommendation was made to the Housing Department. The rest were interviewed in the Department or assessments were made on the information supplied by general practitioners direct to the Deputy Medical Officer of Health. The following table gives a breakdown of the work done in 1969:—

		Rehousing (non- Corporation houses to Corporation houses)	Transfers (from one Corporation house to another)	TOTAL
(1) Cases considered on medical grounds		578	693	1,271
(2) Cases supported on medical grounds		338	272	610
(3) Cases recommended for ground floor accommodation included in line (2)		220	151	371
(4) Total lettings by the Housing Department		3,139	764	3,903
(5) Actual lettings on medical grounds				
Ground floor accomm.	97 )		41 )	138 )
Bungalows	24 )	121	7 ) 48	31 ) 169
Others		86	93	179
		<hr/>	<hr/>	<hr/>
		207	141	348
(6) Total actual lettings—line 5 —as percentage of total lettings—line 4.		6.6	18.5	8.9
(7) Cases previously supported, but not yet rehoused at 31.12.69				
Ground floor accomm.	417 )		289 )	706 )
Bungalows	24 )	441	37 ) 326	61 ) 767
Others		57	72	129
		<hr/>	<hr/>	<hr/>
		498	398	896

The Medical Officer of Health is empowered to recommend the type of property suitable for applicant's medical condition, and the need to move must be most serious and urgent. The purpose of medical priority is to help applicants on the normal waiting list to be moved ahead of those whose needs are not serious and urgent, in effect, a priority in 'TIME'. In spite of this, many applicants try to use their medical priority to obtain a particular tenancy in a 'choice' area, and are prepared to wait until exactly what they want is vacant. Thus the number on the waiting list continues to be longer than is really necessary.



## AMBULANCE SERVICE

Total patients carried by ambulance or sitting case car during the year ending 31st December, 1969, were 295,659, mileage involved in the transport of these patients amounted to 730,062. These figures show an increase of 2,641 patients carried and an increase of 10,684 miles compared with the figures for 1968.

From Table 32 in the Appendix it will be seen that there has been an increase of 337 in the number of 'accident and emergency' cases and an increase of 3,037 in the number of patients carried under the category of 'admissions, discharges, outpatients, etc.'

From the same table it will be seen that the number of 'welfare' type patients carried has decreased by 733 compared with the figures for the previous year.

### Transport of Geriatric Patients

Transport of geriatric patients continued throughout the year and the following table gives the numbers of patients carried to the various day hospitals and the mileage involved:

	Patients	Miles
Bierley Hall Day Hospital	11,071	18,913
Northern View Day Hospital	2,782	8,198
Lynfield Mount Day Hospital	2,810	9,576
Highroyds Day Hospital	885	7,199
	<hr/> 17,548	<hr/> 43,886

These figures are included in the numbers given in the Appendix Table 32 under the 'Section 26' heading.

### Mentally Handicapped Persons

The Ambulance Service carried 121,363 mentally handicapped persons to and from various centres during 1969, and the following table gives the numbers carried to each centre and the mileage involved:

	Patients	Miles
Lindley House Training Centre ... ..	59,435	56,820
Wedgwood House ... ..	23,010	42,674
Melville House Adult Training Centre	33,253	42,865
Thornlea Nursery ... ..	145	730
Glenholme Hostel ... ..	5,331	9,964
M.H.C. Outings ... ..	189	1,024
	<hr/> 121,363	<hr/> 154,077

A total of 28 mentally handicapped adults were conveyed by ambulance coach on holiday to Blackpool on the 25th April and returned to Bradford on the 2nd May, 1969.



## Physically Handicapped Persons

The daily journeys carrying handicapped persons on behalf of the Welfare Department to and from the Piccadilly and Raphael House Centres continued during the year, and 45,777 patients were transported. This is an increase of 3,037 over the previous year's figures.

Arrangements were made on behalf of the Director of Welfare Services for 152 handicapped persons to have holidays in Blackpool in four groups over four-weekly periods. During these four-weekly periods, two luxury ambulance coaches and three driver/attendants were placed at the disposal of the patients to enable them to visit places of interest and amusement.

Several day and evening outings to the Yorkshire Dales and to the West and East Coast holiday resorts were also made during the summer months. The following is a list of special journeys made on behalf of the Welfare Department and other sections of the Health Department:

### *Welfare Department*

29th April	37	P. H. P.	to Otley Area
20th May	20	"	to York Area
30th May	36	"	to Burnsall Area
14th to 21st June	44	"	to Blackpool (holiday)
21st to 28th June	22	"	" " " "
28th June to			
5th July	42	"	" " " "
15th July	36	"	to Rishworth/Clifton Area
23rd July	44	"	to Hornsea
28th July	42	"	to Green Hammerton Area
31st July	60	"	to Bridlington
20th August	40	"	to Grassington Area
25th August	43	"	" " " "
28th August	62	"	" " " "
30th August to			
6th September	43	"	to Blackpool (holiday)
9th September	46	"	to Knaresborough Area
10th October	17	"	to Blackpool
20th October	42	"	to Clifton Area
24th October	35	"	" " " "
3rd December	51	"	taken on a shopping expedition to the stores of Messrs. Woolworth and Marks and Spencer in Darley Street. Especially for the benefit of these patients, both stores opened in the afternoon on what is their normal half day closing.
9th December	210	P. H. P.	taken to Morley Street Welfare Centre for their Christmas Party
16th December	148	"	taken to Morley Street Welfare Centre for their Christmas Party
16th December	51	"	taken to Highfield House, Haworth Road, for a Christmas Tea
18th December	34	"	taken to Raphael House for a Christmas Tea

On the 1st June, 21 P. H. P. were transported to Bradford Cathedral for the service to mark the opening of Arthritis Week.

### *Journeys undertaken on behalf of other Sections of Health Department*

25th April	28	patients from	Melville House to Blackpool (holiday)
2nd May	28	"	" Blackpool back to Melville House
29th May	23	"	" Thornlea Nursery to Flamingo Park
18th July	24	"	" Glenholme to Selby
24th July	24	"	" Glenholme to Selby

## Blind Welfare

Ambulance-coach transport was supplied throughout 1969 for blind persons from their homes to the Blind Welfare Centre at Morley Street. The total number of blind persons carried was 4,774; a decrease of 272 compared with the figure for 1968.

On July 22nd, 1969, a party of 27 blind persons was taken by ambulance-coach on an outing to Harrogate and visited Studley Park.

## Ambulance Fleet

Vehicle maintenance continued to be carried out at the Ambulance Headquarters, Northside Road.

At the end of 1969, the ages of the ambulance vehicles were as follows:

Years	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	11-12
Dual Purpose Ambulances	—	4	—	11	3	3	—	8	1*
Ambulance Coaches	—	4	2	—	2	—	—	—	—
Sitting Case Cars	—	—	1	—	—	1	1	—	—

\* Recovery Vehicle

## Other Departmental Vehicles

Years	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8
Disinfecting Station								
Vans	—	—	2	—	1	2	—	—
Cars	—	—	—	—	—	—	1	1
Maternity and Child Welfare Dept.								
Vans	—	—	1	—	1	—	—	—
Cars	—	—	—	—	—	1	—	1
Home Nursing Dept.								
Cars	—	—	—	1	1	2	—	—

## Operational

It is gratifying to report that during the year several letters have been received expressing appreciation of the service given by members of the staff in the course of their duties.

The Ambulance Service continued throughout 1969 to accept and deal with all messages for the other Sections of the Health Department during non-office hours, including weekends and public holidays.

The midwifery two-way radio service is also controlled from the Ambulance Headquarters during the above hours, and stocks of smallpox vaccine and diagnostic kits, cholera vaccine, etc. are kept for any emergencies which may occur.



## EPIDEMIOLOGY

### Infectious Diseases

#### The Notification of Infectious Diseases

The Health Services and Public Health Act, 1968, and the Regulations made thereunder, the Public Health (Infectious Diseases) Regulations, 1968, came into operation in October, 1968.

The Regulations consolidated with amendments all previous Regulations relating to the notification and prevention of infectious disease except the Public Health (Prevention of Tuberculosis) Regulations, 1925.

The following diseases are now notifiable in Bradford:—

Acute encephalitis	Measles
Acute meningitis	Ophthalmia neonatorum
Acute poliomyelitis	Paratyphoid fever
Anthrax	Plague
Cholera	Relapsing fever
Diphtheria	Scarlet fever
Dysentery (amoebic or bacillary)	Smallpox
Food poisoning (and Salmonellosis)	Tetanus
Infective enteritis	Tuberculosis (including non-pulmonary)
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever

Routine investigation is made of all cases notified as suffering from enteritis, dysentery, salmonellosis, enteric fever and food poisoning. Cases of food poisoning are dealt with by the food inspectorate; field work in respect of the other diseases is carried out by two public health nurses specially appointed for the work. Where a visit to a household is necessary only to collect specimens for bacteriological examination, after the initial visit by the Public Health Nurse, the work is done by a Health Department driver. During an average year the nurses and drivers make about 12,000 visits to notified cases of infectious diseases in about 2,500 households. These are principally gastro-intestinal infections.

The specimens collected are submitted to the Public Health Laboratory at 18 Edmund Street, where they are rapidly examined and the results reported to us. We are greatly indebted to Dr. H. G. Smith, the Director, and to his staff, for the assistance we have received throughout the year. Our thanks are also due to Dr. A. J. Wellstead, Consultant at Leeds Road Fever Hospital, for valuable assistance with cases admitted to the hospital during the year, and with investigations arising out of their occurrence.

#### The More Common Infectious Diseases

##### *Measles*

Cases 91: Deaths 0.

During each of the last five years there has been an average of 2,273 cases of measles notified. The decrease in 1969 is gratifying.

A commentary on vaccination against measles is given later in this chapter.

### *Whooping Cough*

Cases 50: Deaths 0.

There has been a decrease in the number of notifications and the position with regard to this number is, at the moment, satisfactory.

### *Scarlet Fever*

Cases 171: Deaths 0.

There has been an increase in the number of notifications and there is an indication in some cases the illness is becoming more severe. It may be that we are at the beginning of a change in the pathogenicity of the bacteria from its previously mild state to one of greater virulence.

### *Infective Jaundice/Hepatitis*

Cases 429.

Towards the end of 1967, the morbidity and mortality figures related to this infection showed an upward trend, following a general decline over the previous 10 years.

Outbreaks of serum hepatitis related to the unsophisticated use of communal syringes amongst drug addicts were reported; in addition, sporadic cases of hepatitis were encountered in relation to the use of intermittent dialysis units in hospitals.

For these various reasons infective jaundice was made statutorily notifiable on the 1st October, 1968, under the provisions of the Public Health (Infectious Diseases) Regulations, 1968.

The trend of notifications in Bradford has confirmed the increased incidence of infective jaundice; 194 cases from July to December, 1969, compared with 149 cases for the same period in 1968.

Attention to the isolation and treatment of cases possibly reinforced by the prophylactic use of immunoglobulin for contacts, should result in a general reduction in the occurrence of this disease.

### *Dysentery*

Cases 819. Deaths 0.

There has been a considerable increase in the number of cases of dysentery: the majority of notifications are due to *Shigella sonnei*. This disease is subject to considerable fluctuation and it was noted in the 1968 report that, compared with previous years, there had been a reduction in the number of cases. In 1969 there was a sharp increase and whilst one must always view the rise in the number of cases of infectious disease with concern, the increase is in line with previous experiences and is not too alarming.

Dysentery due to the *Shigella* group of organisms is highly infectious. It is transmitted by faecal contamination of hands and often via food and



food utensils. It is always a matter of considerable concern when it appears in a nursery or infant school and requires carefully applied and long continued control measures before it can be eradicated in such a situation.

When a person not in hospital is shown to have dysentery, faecal specimens are obtained from all members of the household—a particular watch being kept on persons who work in the food trades, (including the School Meals Service), who work in hospitals as nurses, cleaners, etc., who are expectant mothers about to be delivered in maternity units, or who are school children, etc. Occasionally, routine screening of contacts reveals symptomless excretors of such potentially dangerous organisms as *S. typhi* and *paratyphi*, and other salmonellae.

*Infective Enteritis*

This disease is notifiable in Bradford, and over the years medical practitioners have notified diarrhoeal conditions as 'infective enteritis' knowing that the Department would obtain faecal specimens for bacteriological examination, and that a few of the specimens would yield *Shigella sonnei*, a salmonella—or occasionally *Shigella flexneri*.

If specimens from patients notified as suffering from, say, suspected food poisoning yield no pathogens, the patient is 'debited' to the total of enteritis cases. The total number of cases of infective enteritis recorded during the year was 2,854.

The number of cases of fulminating and severe gastro-enteritis in infants and young children still causes concern. The following table shows the number of deaths in such children certified as being due to gastro-enteritis or infective enteritis in the last three years:—

	Age at Death		
	0—6 months	6—12 months	1—5 years
1967	6	5	3
1968	5	3	2
1969	6	2	3

During the year a total of £677 2s. 5d. was paid by the Department as compensation for loss of wages to 143 persons who had been requested by the Medical Officer of Health to stop their employment in order to prevent the spread of infectious disease. In most cases the disease was dysentery or gastro-enteritis.

These persons are healthy, but are excreting a potentially infectious organism. As they are not 'ill' by the normally accepted definition they are eligible for Social Security Sickness benefit only if 'incapacity' (really a desirability that they do not work) is certified by the Medical Officer of Health. Recipients of sick benefit have their pay made up by partial compensation. Others, mostly married women working part-time, and not normally in receipt of sickness benefit, are compensated for the whole of their loss of pay. The power of the Local Authority to pay compensation is a great aid in infectious disease control in that it secures the co-operation of employees in the food trades.

**The Less Common Infectious Diseases**

*Diphtheria*  
*Poliomyelitis*  
*Encephalitis*  
*Anthrax*  
*Smallpox*

There were no cases of these diseases during the year.

*Ophthalmia Neonatorum*

Cases 4: Deaths 0.

The number of cases seen remains satisfactorily low, and has not altered significantly since 1951.

*Malaria*

Cases 5: Deaths 0.

All the cases were found in immigrants who had recently arrived in the City, and who had contracted the disease outside the United Kingdom. The disease is not, of course, transmissible in this country.

*Leprosy*

Cases 6. Deaths 0.

All the cases were found in immigrants, and each was given treatment appropriate to his needs. Leprosy is not normally communicable in this country. It is restricted to the much warmer climates and is transmitted only after prolonged and intimate contact, such as by a mother to her child. It is not, therefore, of epidemiological significance in this country.

**Enteric Fever**

*Typhoid Fever*

*Paratyphoid*

Cases 6. Deaths 0.

Cases 0. Deaths 0.

Six cases of typhoid fever occurred in persons who had recently arrived in England, who had almost certainly contracted the disease before their arrival and had entered the country in the incubation period. Three of the cases occurred in adult males and two in boys of school age—all immigrants. They were admitted to hospital on becoming ill and were treated successfully. No spread of the infection occurred.

A few such cases occur every year. Invariably they present as pyrexias of unknown origin. Our experience has shown that such P.U.O.'s in newly arrived immigrants—particularly in this area in Asians—are highly suspect, and that the best course of action is to admit them to the Fever Hospital for diagnosis. Such admissions have, from time to time, proved to be cases of malaria, non-pulmonary tuberculosis, etc., and the possibility that a newly arrived immigrant, notwithstanding his vaccinal state, could be a sub-clinical case of smallpox, is borne in mind.

The sixth case occurred in an English girl and was of considerable academic interest. She had gone to Spain for an extended working holiday—

working for a few days at a time and hitch-hiking down the east coast. About five weeks after arrival at Barcelona she had reached Algeciras and from there crossed to Tangier where she spent three days. She returned to Spain, hitch-hiked back through the centre of the country and reached Madrid about six days after leaving Tangier. At Madrid she became ill with headache, nausea, abdominal pain and intermittent but severe diarrhoea. She became progressively more ill, collapsed and was admitted to hospital. She spent one week in hospital where she was given a course of injections (material not known) in the buttock. Still ill, she flew back to Bradford. Whilst on the way home an abscess was developing on her buttock at the site of the injections. She went to bed at home and the family doctor ordered poulticing of the abscess. After a week she was admitted to Bradford Royal Infirmary when the abscess was incised and drained. Pus from the abscess was examined and the pathologist reported finding a *Salmonella* organism—possibly typhi. The girl was transferred to the Fever Hospital. The pathologist confirmed the organism as *Salmonella typhi* and subsequently faecal specimens yielded the same organism.

This case ceased to be of academic interest and became one of great importance when it was discovered that the girl's home in Bradford was a house and shop, kept by her parents. This shop was a general grocery and sold, amongst other things, corned beef and boiled ham sandwiches, prepared in the shop, and Cornish pasties, pies, etc., to the employees at a large industrial undertaking nearby. The girl's mother had poulticed the abscess at home, and had worked in the shop. Fortunately, the abscess had not discharged whilst the mother had nursed the girl at home, but there existed a real danger that the mother might have been infected by attending to her daughter's toilet, and might possibly have infected food stuffs, slicing machines, etc. She was laid off work, paid compensation and the father took over the shop. The equipment was cleansed. Specimens from all members of the family were obtained at frequent intervals and the situation watched very carefully until well outside the incubation period from the last date of household contact.

No secondary infection occurred and the patient made a complete recovery.

## **Food Poisoning and Salmonellosis**

There was one outbreak of food poisoning during the year, probably caused by the consumption of spit roasted poultry purchased in a local shop.

The retail shop in Bradford receives eviscerated unfrozen poultry from the company's own packing station in a nearby town. The birds are kept in a refrigerator until required, when they are cooked on rotary spits for one hour ten minutes at a temperature of 350 degrees Fahrenheit. After cooking, the birds are removed from the spits, some placed in the window whole, and some quartered and put in the window. The temperature in the shop window in close proximity to the trays on which the birds had been placed was found to be 84 degrees Fahrenheit, although a fan was in operation at the time. The temperature of the whole shop was very high as the rotary spit ovens were situated in this room. Samples were

examined of the quartered chicken cooked on the premises, and swabs were taken of the various articles of equipment used in the preparation and handling of the birds. Faecal specimens were also obtained from members of the food handling staff. It was ascertained that a number of cooked chicken breasts were also received direct from the packing station. Samples of these were taken. It was thought there was a risk of contamination of cooked meat from the uncooked carcasses as the same person handled both in the same room. It is also interesting to note that whilst most of the patients had cooked chicken, two had cooked turkey.

The episode occurred in June. Ten cases were notified; no others were ascertained and none were fatal. The average interval between ingestion and onset of illness was 24 hours. The illness was of moderate severity, and of approximately three days duration. *Salmonella indiana* was isolated from faecal specimens from eight patients. No pathogens were isolated from any of the food handlers. *Salmonella senftenberg* was isolated from internal swabs of two uncooked poultry carcasses taken subsequently at the retail shop, but *Salmonella indiana* was not isolated from cooked or uncooked poultry.

The evidence is strongly presumptive that the outbreak had its origin in infected poultry, but whether the infection had resisted the cooking process or whether there had been subsequent cross-contamination of the cooked meat from the uncooked meat could not be established.

The various salmonellae dealt with during the year, and the number of cases involved (including the food poisoning outbreak, family outbreaks of salmonellosis and sporadic cases), were as follows:—

SALMONELLA					No. of cases
typhimurium	...	...	...	...	12
indiana	...	...	...	...	18
montevideo	...	...	...	...	3
virchow	...	...	...	...	10
oranienburg	...	...	...	...	7
heidelberg	...	...	...	...	8
dublin	...	...	...	...	3
panama	...	...	...	...	2
weltevreden	...	...	...	...	1
senftenberg	...	...	...	...	1
un-named	...	...	...	..	3
					—
Total					68

### Tuberculosis

There has been a sharp upward increase in the number of notifications of tuberculosis particularly with regard to non-pulmonary tuberculosis. The total notifications received in the Department in respect of this disease are as follows:—

	Non-Asian				Asian				Full Total
	Men	Women	Children	Total	Men	Women	Children	Total	
Pulmonary	34	16	3	53	76	58	10	144	197
Non-pulmonary	4	2	2	8	59	36	7	102	110
Total	38	18	5	61	135	94	17	246	307



These figures do not completely agree with notifications from the Chest Clinic as they include notifications of non-pulmonary disease received from other sources, and the Chest Clinic figures include a few cases resident outside Bradford.

The Department has been concerned in the past, and particularly during the year under review, by the number of cases of the disease being seen in general and special hospital departments which have not been notified to us. Tuberculosis is an infectious disease and at present in the United Kingdom comes almost entirely from human sources: this holds at whatever site the disease appears in the body. It is absolutely vital that contact tracing procedures be set into operation with regard to all cases of tuberculosis whether or not the patient is infectious. If the patient is non-infectious, it merely means that he or she has not transmitted the disease to others, but nevertheless there may be a focus of infection in the household or wider contacts, or there may be in the patient's household another case derived from a source common to patient and an unsuspected secondary case.

We are grateful to Dr. W. M. Edgar, Consultant Pathologist and his clinical colleagues at St. Luke's Hospital and the Royal Infirmary for enabling us to receive notification of non-pulmonary and suspected non-pulmonary tuberculosis. It is worth recording that the first batch of these notifications enabled us to discover one case of early pulmonary tuberculosis.

The work of the Department in offering chest X-ray and tuberculin tests to newly arrived immigrants in the City continues and we would like to record our pleasure in the assistance we have received from the immigrant community in this work. In addition, the Department follows up the following categories of patients known to be at risk to the disease.

- a) those giving a strongly positive response to the tuberculin test.
- b) adolescents in special at risk groups.
- c) immigrant children separated from one or both parents.
- d) other persons in high risk groups.

We are concerned at the increase in the number of notifications of tuberculosis, but we are pleased that any increasing number of the notifications of pulmonary disease are of early non-infectious disease in which the response to treatment is good. Treatment at this stage prevents the spread of the disease. We believe that a considerable part of the increase in notifications is due to a more effective case searching procedure and that we are, therefore, finding and treating cases before they are potentially infectious. We believe that there is still a great deal of hard work to be done in the control of this disease but we are confident that within four or five years, with the continued co-operation from our patients and from our clinical colleagues, the position with regard to this disease in Bradford could be radically altered during this period and that we could once again be in a position where the disease is sharply declining in frequency.



BRADFORD CHEST CLINIC  
NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS

	Non-Asians				Asians				Full Total
	Men	Women	Children	Total	Men	Women	Children	Total	
1957	159	110	31	300	26	3	1	30	330
1958	147	92	20	259	67	4	—	71	330
1959	120	59	16	195	82	2	5	89	284
1960	118	66	17	201	61	3	2	66	267
1961	110	56	20	186	124	2	1	127	313
1962	83	47	9	139	209	6	4	219	358
1963	88	49	13	150	189	9	5	203	353
1964	94	38	6	138	168	17	15	200	338
1965	50	34	6	90	131	22	12	165	255
1966	51	25	15	91	105	36	16	157	248
1967	38	25	2	63	88	41	14	143	208
1968	56	25	4	85	105	44	18	167	252
1969	39	26	6	71	123	83	17	223	294

The number of cases (all forms) notified during 1969 is divided between pulmonary and non-pulmonary disease as follows:—

	Non-Asians				Asians				Full Total
	Men	Women	Children	Total	Men	Women	Children	Total	
Pulmonary	37	21	5	63	75	60	10	145	208
Non-pulmonary	2	5	1	8	48	23	7	78	86
Total	39	26	6	71	123	83	17	223	294

## Venereal Diseases

We are indebted to Dr. L. Z. Oller, Consultant Venereologist, for the following report:

“In 1969 a total of 2,290 new cases (1,555 male, 735 female) was registered at the Bradford Special Treatment Centre; this includes 10 men and nine women who were previously treated in other centres in England and Wales and transferred to Bradford for follow-up.

Although the number of new cases increased by about six per cent in comparison with 1968, the incidence of gonorrhoea, which had been the prevalent sexually transmitted infection for over a decade, decreased for the second year running. Post-pubertal (*i.e.* sexually acquired) gonococcal infection decreased by 18.2 per cent in men (from 477 in 1968 to 390 in 1969) and by 6.6 per cent in women (from 226 to 211); thus the male: female ratio was reduced from 2.1:1 to 1.8:1. Gonorrhoea declined among both the immigrant and U.K.-born men but the decline was greater in the immigrant group. This aspect in the incidence of gonorrhoea from 1961 to 1969 is shown below:—

Year	U.K. born		Asians		W. Indians		Others		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
1961	129	(20)	285	(46)	147	(24)	64	(10)	625	(100)
1962	120	(19)	284	(43)	216	(32)	44	(6)	664	
1963	148	(21)	279	(40)	231	(32)	49	(7)	707	
1964	161	(21)	384	(50)	183	(24)	41	(5)	769	
1965	110	(21)	248	(47)	126	(24)	46	(8)	530	
1966	160	(28)	255	(45)	123	(21)	33	(6)	571	
1967	179	(31)	212	(37)	140	(25)	38	(7)	569	
1968	199	(42)	138	(30)	114	(23)	26	(5)	477	
1969	185	(47)	101	(26)	82	(21)	22	(6)	390	

Amongst the 211 women with gonorrhoea 197 were British, five Irish, nine from the West Indies, three from the continent of Europe and one from Africa.

The re-infection rate was 15 per cent: 510 individual patients (336 male, 174 female) accounted for the total of 601 cases of post-pubertal gonorrhoea. The majority (233 men and 79 women) were 25 years old or over, 92 men and 80 women were between 18 and 24 years, 10 boys and 14 girls were 16 or 17 and two, a boy and a girl, were under 16 years.

Seven girls whose ages ranged from 3 to 10 years had gonococcal vulvovaginitis. In all cases the prepubertal infection was accidentally transmitted by the mother; three families were affected. Four newborn babies, two of each sex, were infected at birth and had gonococcal ophthalmia.

There were 19 cases of early syphilis recorded in 1969. This number is consistent with the incidence of infectious syphilis in the last five years (1968 with only nine cases was the exception). Eight men had primary syphilitic lesions, three men and five women had secondary manifestations and one man and two women had latent syphilis which was verified by contact tracing to be in the first year of infection, and therefore potentially infectious. As in all cases the infection was alleged to have been acquired in Bradford one may assume that they originated from undetected cases in previous years. Late forms of syphilis were diagnosed in 17 patients (20 in 1968). Two men had cardiovascular syphilis, three men and one woman had neurosyphilis, six men and four women had latent acquired and one woman had latent congenital syphilis.

Four West Indian patients, two men and two women, were treated for yaws on the strength of positive serum tests and stigmata of the disease remaining from childhood. One West Indian woman had lymphogranuloma venereum.

Of the 776 male patients who attended with other conditions requiring treatment at the Centre, 441 (almost 57 per cent) suffered from non-gonococcal urethritis. For the first time since 1956 the incidence of non-gonococcal urethritis exceeded that of gonorrhoea in the male. There was only one patient in whom urethritis was associated with arthritis and other signs of Reiter's disease. In women trichomoniasis accounted for over 53 per cent of conditions other than gonorrhoea and syphilis which required treatment (171 out of a total of 320).

The remaining 350 men and 170 women did not require treatment. This group included mostly those who after being exposed to venereal infection attended either of their own accord or as a result of contact tracing, and after adequate follow-up were found to be free from infection. The condition of one male patient remained undiagnosed at the end of the year.

Trends in the incidence of early syphilis and gonorrhoea and the number of new registrations and attendances at the Bradford Special Centre from 1946 to 1969 are shown in the Appendix."

## Infectious and Other Diseases in Immigrants

In the early 1950's immigrants from Asia began to arrive in Bradford. At first most of them were men unaccompanied by families; families later began arriving in increasing numbers, particularly in 1965 and after. Most Commonwealth immigrants in Bradford are of Asian origin, mainly from Pakistan and India and some from East Africa.

The most important disease in the immigrant population is undoubtedly tuberculosis. The peak of the notifications in Asians occurred in 1962 and 1963, when in each of these two years over 200 cases were notified: the disease was seen almost entirely in the men as there were few Asian women in Bradford at that time. About 40 per cent were imported cases; in the remaining 60 per cent the disease had apparently been acquired in this country. The number of cases of non-pulmonary tuberculosis has risen steadily and for several years has been running at or above 50 new cases per year, in spite of considerable under-notification of the disease. Most of the cases of non-pulmonary tuberculosis arise in Asians. In 1969 there was a sharp upward trend in the number of notifications of tuberculosis in Asian women, mainly in the 20-40 year age group, and in adolescents of both sexes. Transmission of the disease seen in Asians has been almost entirely domestic or peri-domestic. We believe that the present increase in the number of cases found in women is an index of the high susceptibility of this group of the population to the disease, and of their mode of life in 'closed' communities.

Our control measures have been based on:

- (a) Early diagnosis of the cases by provision of facilities for early referral of people with minimal symptoms, from general practitioners.
- (b) Mass miniature screening in communities with a known high risk (*i.e.* the textile trade which employs a considerable number of immigrants).
- (c) Early tuberculin testing and chest X-ray of all newly arrived immigrants and B.C.G. vaccination of the tuberculin negative.
- (d) Follow-up at appropriate intervals of certain high risk groups: for example, women three months after delivery, ante-natal patients, persons giving a strongly positive tuberculin reaction, children separated from parents and newly arrived immigrants in the adolescent age groups.

These measures have been successful in reducing the incidence in male Asians and we believe that they will be equally successful in dealing with the disease in the more recently arrived women and the adolescents. One of the encouraging features of the recent increase in the number of new cases found has been the high proportion of them discovered in the early and non-infectious stages of the disease.

Drug resistance has not been serious. Though cases of infections due to organisms resistant to main line anti-tuberculosis chemotherapy have occurred, second line drugs have proved successful in controlling the infection and no immigrant in Bradford suffering from tuberculosis is at

the moment classified as out of control. There are approximately eight cases of tuberculosis in Bradford classified at the present time as being out of control, all of which are in the indigenous population.

In 1965-1969 there were 38 cases of latent yaws and 11 of lymphogranuloma venereum, all imported.

### *Schoolchildren*

In January, 1965, it was decided to invite all immigrants to have their children medically examined before admission to school (the first school medical examination under the 1944 Education Act). In addition to a general physical examination and assessment, a haemoglobin estimation, a tuberculin test and examination of the faeces for pathogens and ova were done on each child. Over 5,000 children have now been examined under this scheme. About 18 per cent have been found to have helminth infection, 7.8 per cent hookworm, 3.9 per cent whipworm, 1.5 per cent roundworm, 2.7 per cent dwarf tapeworm, and there have been one or two cases with beef tapeworm. No infection with pork tapeworm has been found. A total of 2.6 per cent of the children had mixed infection.

A comparison of haemoglobin levels of Asian immigrant infants to English infants (*i.e.* children under one year old) showed an average difference of 16 per cent in the haemoglobin levels. The difference in children of school age is similar but is less marked. There have been comparatively few cases of frank anaemia.

About eight per 1,000 children examined have been found to have intestinal bacterial pathogens and these have included two symptomless excretors of *Salmonella typhi*.

### *Adults*

In the middle of 1968 an early diagnostic clinic was started for newly arrived adults from overseas who, in addition to a tuberculin test and chest X-ray, were offered a blood test, examination of a specimen of faeces and opportunity to raise any matters which were of concern to them. So far just over 2,000 have been seen. Most patients have had a Widal, a Wasserman and a RPCFT reaction done on the serum. Very few (about three per 1,000) have given a positive W.R. or R.P. complement fixation test. About four per cent of persons have an abnormal Widal reaction and these have had a further examination of three specimens of faeces and urine taken over the course of about 10 days: no case or carrier of typhoid has been found.

Just under 500 specimens of faeces from adults have been examined. Of these there were 46 with hookworm (10.4 per cent), nine with dwarf tapeworm (2.0 per cent), three cases of *Ascaris* and two with *Trichuris*. From over 1,000 specimens examined for bacterial pathogens, only two were positive.

There have been 24 cases of typhoid in Bradford in 1965-1969. Of these 20 were imported from overseas, all but two in the incubation period.

Two instances of transmission of typhoid in the immigrant community in Bradford have occurred. In one, the mother who was a persistent inter-



mittent carrier infected her child aged 18 months. In the other case, the secondary case was found first and the source of infection was found to be a friend in an all-male lodging who did the cooking and who was a chronic carrier.

About 1,600 blood specimens have been examined for abnormal haemoglobins and 20 have been found in which an abnormal haemoglobin was present.

In 1958-1969 there were 34 notifications of malaria, all in 1962-1969. The under-notification is considerable and all cases were imported.

In 300 consecutive adults a blood film was examined for malaria parasites and a specimen of the serum tested for fluorescent antibodies; three had a raised fluorescent antibody but the rise was not great. All three had a recent history of malaria, none had a positive blood film.

Of 84 serum samples taken from immigrants giving a past history of malaria 20 were positive to FAT tests, eight (16 per cent) in the 20-39 year group; 12 (57 per cent) in the 40+ year group.

One case of congenital *P. vivax* malaria has been seen in Bradford and this is being reported.

There are 11 patients currently on the Leprosy Register. About 25 have appeared on it over the past 3-4 years.

### *Conditional Entry of Immigrants*

A few West Indians come to Bradford via Manchester Airport, but the vast majority of coloured commonwealth immigrants come to us via London Airport (Heathrow). The Senior Medical Officer at Heathrow sends us details of name, sex, country of origin, and proposed address of all persons who state their intention to come to Bradford. This is the principal source of information for our screening clinics. Some of these immigrants (currently almost wholly adult female Pakistanis—many with two or three children) who appear to be ill on arrival, are given a chest X-ray and/or a brief medical examination. Some are admitted to this country unconditionally and we are advised of such findings as query early glaucoma, possible physical handicap, etc.

Where the chest X-ray reveals some abnormality, and tuberculosis is suspected, the immigrant may be "admitted to the United Kingdom on condition that before (date) he/she reports his/her arrival to the Medical Officer of Health for" (Bradford).

A duplicate of the conditional entry form is sent to us direct. Few immigrants admitted conditionally report as required, and in fact have to be traced by officers of this Department.

The address of the immigrant on the document is frequently incorrect; usually, it is supposed, because the address is given in broken English and is misheard. Further, the person whose entry is being allowed conditionally may stay for a time with others, or may move to another address almost immediately.

It is a curious fact that some non-English speaking immigrants are presented with documents, written in English only, *requiring* them to



report, in view of the fact that there are penalties for non-compliance. We consider that it would be better if the immigrant were issued with at least a bilingual document. Even if the immigrant is illiterate in his own language, it is thought that he will recognise that the language is, say, Urdu, and tend to have it translated for him, whereas he largely disregards the English as just another in a pile of documents.

## Non-Infectious Diseases

### Heart Disease

Heart disease continues to be the greatest single cause of death in the City and this is in accordance with the general experience in the United Kingdom.

The following Table shows the distribution of deaths from ischaemic heart disease in Bradford in 1969:—

Age Group	1-4	5-24	25-34	35-44	45-54	55-64	65-74	75+
Males	—	—	2	19	59	135	205	167
Females	—	—	1	8	16	51	127	275

### Cancer

There were 724 deaths from cancer during the year (399 males and 325 females). They were distributed as follows:—

malignant neoplasm—	Males	Females	Total
buccal cavity	6	2	8
oesophagus	9	15	24
larynx	3	1	4
lung bronchus	150	24	174
stomach	58	42	100
intestine	45	42	87
breast	—	63	63
uterus	—	36	36
prostate	27	—	27
others	85	92	177
leukaemia	12	7	19
benign and unspecified neoplasms	4	1	5

Cancer of the lung is still the most common type of cancer in men in Bradford and this picture is much the same throughout the country. The association between cigarette smoking and lung cancer as demonstrated by Doll and Hill in 1963 stands. Some of the work done on the immunology and in particular, hypotheses following upon the work of Burnett, have indicated the way in which this association might operate. In the latter part of 1969, experimental work on animals succeeded in producing lung cancer via tobacco smoke.

There can be little doubt that the risk of developing lung cancer as a consequence of smoking is definite, proven and well defined. While there must exist for the individual a freedom to smoke or not in his own personal surroundings, there seems to be no reason why public smoking in confined places for the pleasure of some and for the discomfort and danger of others should be allowed to continue.

## Accidental Deaths and Suicides

There were 30 deaths due to accidents in the home and 38 deaths due to motor vehicle accidents during the year. In addition there were 16 deaths from suicide. The age distribution was as follows:—

### Home Accidents

	0-1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Fall	—	—	—	—	1	—	—	1	1	3	6
Poisoning											
coal gas	—	—	—	—	—	—	1	—	3	—	4
barbiturate	—	—	—	1	1	2	3	3	4	1	15
carbon											
monoxide	—	—	—	—	—	—	—	—	1	—	1
other	1	—	—	—	—	—	—	—	—	1	2
Asphyxia	—	1	—	—	—	—	—	—	—	—	1
Fire	—	—	—	—	—	—	—	—	—	1	—
Total	1	1	—	1	2	2	4	4	9	6	30

### Suicide

Poisoning											
carbon											
monoxide	—	—	—	—	—	2	—	—	—	—	2
coal gas	—	—	—	—	1	—	1	1	2	1	6
coal gas and											
barbiturate	—	—	—	—	—	—	—	1	—	—	1
barbiturate	—	—	—	—	1	1	1	1	—	2	6
Asphyxia	—	—	—	—	—	—	—	1	—	—	1
Total	—	—	—	—	2	3	2	4	2	3	16

### Motor Vehicle Accidents

—	1	4	6	1	2	3	8	8	5	38
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## Prevention and Early Detection of Disease

Local Authorities have long been responsible for preventive medicine. For many years the control of the environment was the only weapon available in the fight to prevent disease, but in the last 25 years considerable protection against infectious disease has been available by the use of vaccines.

Vaccination has for many years given excellent protection against smallpox. In the Annual Report for 1948 it is recorded that 3,536 were immunised against diphtheria. Ten years later protection had been extended to cover whooping cough. A year later protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis was being offered in Departmental clinics. Since this time there has been a change to oral polio vaccine and protection against measles and anthrax is now available for those at special risk.

Early detection of tuberculosis by mass miniature radiography is now a familiar and accepted technique. Very recently our attention has turned to the early detection of cancers, particularly those of the breast and cervix of the uterus.

# Vaccination and Immunisation

In 1968 a new computer was installed in the City Treasurer's Department: also in the beginning of the year a document was issued by the Ministry of Health summarising recent advances in knowledge and technique in vaccination and immunisation and recommending a new schedule of immunisation. It was therefore decided to revise the schedule of immunisation and to make some changes in the method of recording. In addition it was decided to continue and to improve the system of recording all immunisations performed by general practitioners and the Bradford Executive Council agreed that the notification of an immunisation carried out by a general practitioner and notified to the Health Department on the appropriate computer card would be accepted also as proper notification that payment was due to the general practitioner from the Executive Council. The Executive Council agreed to accept the monthly notification from the computer master record, of payments due to individual practitioners in respect of immunisations carried out by them.

A complete guide to the use of the computer recording system for immunisation and vaccination has been prepared by the Computer Section of the City Treasurer's office and this Department.

The improvement of vaccines, and the acquisition of further knowledge on the prevention of disease by immunisation, has enabled us to achieve adequate protection in children by giving fewer and more widely spaced injections.

The following is the schedule we now recommend:—

Age	Vaccine(s)
6 months	First dose triple (diphtheria, whooping cough, tetanus) First dose oral polio
8 months	Second dose triple Second dose polio
12 months	Third dose triple Third dose oral polio
13 months	Measles
15 months	Smallpox
School Entry	Diphtheria/tetanus re-inforcement Oral polio re-inforcement Smallpox re-vaccination
10—13 years	B.C.G. (tuberculosis)
School Leavers	Oral polio re-inforcement Tetanus re-inforcement Smallpox re-vaccination

The computer master record now covers children up to the age of six years. The new computer system has worked satisfactorily during the year with some preliminary troubles which have now been corrected. The interruption caused by national shortage of measles vaccine was a nuisance as the system is intended to run smoothly and easily without such disasters. However, the system is flexible and we have been able to make the necessary adjustments. It is to be hoped that similar events do not occur with other vaccines in the future.

A child of six months of age is generally able to respond better to the initial dose of the primary immunisation course against diphtheria, whooping cough and tetanus. The ages of eight months and twelve months for the second and third doses respectively of the course have been selected as the optimum ages to be within the optimum levels between injections for the full development of immunity, and as the optimum ages at which it is advisable for the child to be seen at the infant welfare clinic so that the doctor can make sure that the child is developing satisfactorily.

Table 33 in the Appendix gives details of the number of primary immunisation courses completed during the year, and numbers of re-inforcing doses.

A commentary on immunisation against measles is given later in this Chapter.

Only five cases of diphtheria have occurred in Bradford since 1949, but during the five years leading up to 1950 (the first diphtheria-free year) no fewer than 656 cases occurred and 38 children died. The year 1969 is the fifth successive year in which there has been no case.

Similarly, this is the fifth successive year in which there has been no case of poliomyelitis, although as little as ten years ago there were 28 cases in one year, and between 1956 and 1962 an aggregate of 83 cases was notified.

It becomes increasingly difficult to overcome complacency of parents, and to explain to them how vital it is that their children should be protected against diseases that have apparently disappeared from the scene.

In previous years the general level of immunity in Bradford children has been lower than an average figure for the great towns. This level has been raised appreciably by the computerised system which sends out reminders to defaulters, and the mother today rather has to positively opt out, than to opt in as in previous years.

### *Vaccination against Smallpox*

There were no cases of generalised vaccinia or post-vaccinal encephalitis, or of other complications of vaccination.

The detailed statistics for 1969 and the preceding five years are as follows:

SMALLPOX VACCINATION  
YEARS OF BIRTH  
(Showing approximate Age Groups)

Year	(Under 1)	(1 year)	(2-4 years)	(5-15 years)	Older persons	Total
1964	28	557	696	47	68	1,396
1965	11	1,343	1,237	23	88	2,702
1966	168	2,516	712	97	241	3,734
1967	187	2,507	397	145	258	3,494
1968	120	2,206	310	126	356	3,118
1969	96	1,541	270	119	431	2,457



SMALLPOX RE-VACCINATION  
YEARS OF BIRTH  
(Showing approximate Age Groups)

Year	(Under 1)	(1 year)	(2-4 years)	(5-15 years)	Older persons	Total
1964	—	3	27	103	767	900
1965	—	—	39	158	1,194	1,391
1966	—	—	27	277	2,970	3,274
1967	—	—	19	142	1,435	1,596
1968	—	—	16	207	1,477	2,700
1969	—	—	59	143	1,716	1,918

*Vaccination and Immunisation for International Travel*

In addition to primary smallpox vaccinations and re-vaccinations included in the tables above the following immunisations were given during the year to persons travelling abroad.

	Doses
Yellow Fever ... ..	365
Cholera ... ..	220
T.A.B. ... ..	94
T.A.B.T. ... ..	67
Typhus ... ..	1

*Measles Vaccination*

When measles vaccine first became available to us, calculations were made on the basis of the number of notifications of cases of measles over many years, as to the number of pre-school children and children of school age who had not had the disease, and who were, therefore, eligible for vaccination. It was subsequently discovered that these calculations were inaccurate because many cases of measles over the years had not been notified.

Nevertheless, the intensive campaign in 1968 secured protection by vaccination for the greater part of the eligible school-child population. It was considered that if the reservoirs of infection in schools could be diminished, and the pre-school children could be vaccinated, working backwards through the age groups down to the recommended age for measles vaccination of 13 months, the problem would be solved.

Vaccination against measles for children in day nurseries and residential hostels in the City was commenced early in 1968. The national vaccination campaign against measles began in May and commenced with the vaccination of the 4 to 6-year-old age group. In August and September, 1968, children between 15 months and 4 years, and children between 7 and 15 years were offered vaccination, and by the end of that year, 5,950 children (that is, all the eligible children for whom vaccination had been requested), had been vaccinated.

The sharp decrease in notifications of this disease in 1969 was undoubtedly due to the removal of a sizeable proportion of the susceptible children by vaccination during 1968. Unfortunately, some vaccine was withdrawn in February, 1969, and a working stock of vaccine had not been received by the end of the year. In the ten month period, some 4,500 babies reached the age of 13 months. Few of these have had the disease, and practically none were vaccinated.



It is hoped that considerable supplies of vaccine will be received in 1970 in order that we may press home the advantage gained by the 1968 campaign.

Measles is generally considered to be a minor disease and in most cases it is. Complications, however, are not uncommon and although they can usually be treated rapidly and successfully, the disease nevertheless causes a considerable amount of morbidity in children. The overall mortality rate of measles is in the order of 2 per 10,000 cases; this is low, but in an epidemic year there would probably be in excess of  $\frac{1}{2}$  million cases of measles in England and Wales, and this number of cases would be likely to produce about 100 deaths. This Department considers that measles is a necessary and welcome addition to the range of infectious diseases now preventable by immunisation and recommends that all children should be immunised against the disease unless there is definite medical contra-indication.

### *Anthrax Vaccination*

The Department continues to assist some firms by the vaccination of persons at risk to anthrax infection. It is regretted that there is still a certain amount of apathy in some quarters to vaccination against this disease, particularly as the vaccine is safe and effective.

Protection against anthrax is secured by a first injection, a second after two months, a third after six months, and thereafter a re-inforcing dose annually.

During 1969, 104 injections were given to 83 persons.

## **Mass Radiography**

We are indebted to Dr. J. B. Deasy, Medical Director of the Bradford Mass Radiography Service for the following report:

"The most striking fact to emerge from the work of the M.M.R. Service in Bradford during 1969 is a further rise in the number of cases of active tuberculosis detected in the immigrant population of the City to a total of 97 compared with 77 in 1968. The rise is, however, completely offset by a fall in the number of cases found in the indigenous population to 22 (from 43 in 1968) keeping the overall total virtually unchanged at 119 (120 in 1968). This observed fall in the incidence of the disease in the indigenous population is gratifying and suggests that the incidence in this city would approximate to the national average were it not for the prevalence of the disease in the Asian community.

The total number of examinations carried out in Bradford by the M.M.R. Service reached a record figure of 30,158, of which 11,475 examinations were undertaken by the mobile unit and 18,683 by the static unit. Attendances at the static unit sited in the M.M.R. Centre at Rawson Road continued to rise and amply justify the setting up of this Centre which has now completed its first full year of operation. The exclusion X-ray service for general practitioners' patients has continued to attract an increasing number of referrals, and 7,231 were examined in this category during 1969

revealing 64 new cases of active tuberculosis infection. The special survey of immigrants carried out in conjunction with the Bradford Health Department accounted for 2,530 examinees during the year, and revealed 23 cases of active tuberculosis in this group. Within this survey the value has been demonstrated especially of repeat X-ray examination after six months of examinees who showed a strongly positive reaction to the tuberculin test at their first attendance. It is also observed that there is a rising proportion of females and young people among the cases of tuberculosis found in the Asian community.

Excluding general practitioners' referrals and the examinees involved in the Health Department's survey, true incidence of tuberculous infection from non-selective applications of the M.M.R. Service in the City works out at 1.5 per 1,000 (32 cases in 20,400 examinations). The corresponding figure for the previous year was 1.6 per 1,000 examinations. It seems fair to comment that these figures offer a cogent argument for the retention of the M.M.R. Service in this City and its environment.

The following tables show numbers of persons examined and their place of residence and the incidence of tuberculosis per 1,000 examinations by the static and mobile units of the Bradford Mass Radiography Service during 1969:—

(a) STATIC UNIT

Total Number Examined: 18,683 (including 5,425 Asian immigrants)

Place of Residence	Active Tuberculosis	Males	Females	Total	Incidence per 1,000 examined
Bradford C.B.	New notifications	61	32	103*	5.5
	Treated but not notified	3	5		
	Previous notification re-activated	—	2		
Halifax C.B.	New notifications	1	—	1	—
Huddersfield C.B.	New notifications	1	—	1	—
West Riding County	New notifications	—	1	1	—
TOTALS		66	40	106	5.7†

\* Number requiring treatment includes 86 Asian immigrants (55 male and 31 female)

† Corrected incidence excluding Asian immigrants notified or treated = 1.5 per 1,000 examined.

Incidence of active tuberculosis found in 5,425 Asian immigrants 15.9 per 1000 examined.

(b) MOBILE UNIT

Place of Residence	Total Number Examined	Active Tuberculosis	Males	Females	Total	Incidence per 1,000 examined
Bradford C.B.	11,475	New notifications	10	4	16	1.4
		Treated but not notified	2	—		
Huddersfield C.B.	7,477	New notifications	7	2	9	1.2
		Treated but not notified	—	—		
Halifax C.B.	3,954	New notifications	2	—	2	0.5
		Treated but not notified	—	—		
West Riding County	21,522	New notifications	12	1	16	0.7
		Treated but not notified	2	1		
TOTALS	44,428		35	8	43	0.97

Place of Residence	Asian immigrants included in above		Total
	New Notifications	Treated not notified	
Bradford C.B. ... ..	9	1	10
Huddersfield C.B. ...	4	—	4
Halifax C.B. ... ..	1	—	1
West Riding County ...	6	—	6
TOTALS	20	1	21

## Screening for Cancer of Cervix and Breast

During 1969, 3,406 patients were seen and 3,423 cervical smear examinations were taken. The total number of patients seen was, therefore, very much the same as in the previous year, but there was a big drop in the number of new patients and a big increase in the number of patients returning for repeat smear tests after three years. In 1969, there were 1965 new patients and 1441 return patients, whereas in 1968 the new patients numbered 3026 and the return patients numbered 342. The re-call of patients by the computer after a three-year interval has worked satisfactorily throughout the year.

There were 15 patients with positive cervical smears during the year and 7 patients with suspicious smears which were awaiting repeat tests on the 31st December, 1969. The relatively high proportion of suspicious smears is largely due to patients who had smears taken in the post-natal period when the histological interpretation of the slides is sometimes difficult. Of the 15 patients with positive smears, 12 were women seen for the first time and three were patients previously examined and found normal three years ago. Six of the 15 patients were less than thirty-five years old.

The incidence of positive smears was 7.6 per 1,000—a big reduction compared with the previous two years (1968, twelve per thousand; 1967, ten per thousand) but an incidence nearer the national average for screening clinics.

### SOCIAL CLASS OF PATIENTS ATTENDING SCREENING CLINICS (PERCENTAGE DISTRIBUTION)

Social Class	1	2	3	4	5	Unclassified
1965 ... ..	9.4	28.0	55.3	4.3	1.7	1.3
1966 ... ..	7.5	25.2	59.9	5.3	1.0	1.1
1967 ... ..	2.7	22.3	64.7	6.7	3.1	0.5
1968 ... ..	2.7	20.1	67.3	7.0	2.3	0.6
1969 ... ..	3.4	21.1	62.2	11.9	1.3	0.1
% of persons in Bradford in each class (population as at 1961 census)	2.2	24.1	37.1	28.0	8.4	0.2

Routine examination of the breasts of all new patients seen in the clinics was continued during the year. The patients were given verbal and written instructions to enable them to carry out subsequent self-examination.

## Surveillance of Persons from Smallpox Areas

The surveillance of all persons arriving in the United Kingdom without valid certificates of vaccination against smallpox, from areas in which smallpox is endemic or from locally infected areas, has continued as required. The basic details of the surveillance programme were reported fully in the Report for 1968.

## Early Diagnostic Clinic

The Early Diagnostic Clinic for newly arrived Asian immigrants has continued through the year. At this clinic the patient was offered a blood test and other tests as appropriate, and the opportunity to discuss with the doctor and interpreter any matters which were of concern to them. The clinic has proved very popular and 1,602 patients were seen during the year.

In general the tests have revealed very little in the way of positive findings. The most significant has been with regard to anaemia. The index of this was taken as a person who had a haemoglobin of less than 10.6gms/100ml. of blood. The following percentages were found:

Boys	...	...	...	...	7.7
Adult males	...	...	...	...	2.9
Girls	...	...	...	...	9.3
Adult females	...	...	...	...	17.6

Almost all these cases of anaemia have been of the simple iron deficiency type. Treatment of these patients has been arranged through their general practitioners.

Examination of serum specimens of those giving a history of malaria has shown a significant percentage with a high titre of antibodies as shown by the fluorescent antibody test. This work was done in conjunction with the London School of Hygiene and Tropical Medicine. Implications would seem to be that a history of malaria is an important positive fact. Malaria is not common in the Asian immigrant but it does occur from time to time and needs always to be thought of so that the diagnosis is not missed.





**ENVIRONMENTAL HYGIENE****District Inspectors**

The duties of the inspectors cover a wide field of environmental hygiene, and include the investigation of complaints about public health and housing matters, the inspection of premises and the supervision of repairs and improvements to buildings and houses.

During the year, 4,524 complaints were received and investigated. In many cases the service of a statutory notice under the Public Health Acts was necessary but a large number of them were only in connection with minor items of disrepair.

Due to the regular visitation by a member of the staff no serious overcrowding took place in the many houses let in multiple occupation and occupied mainly by male Pakistani immigrants, and it was not found necessary to serve any notices under Section 90 of the Housing Act, 1957.

Fifty-two notices were served under Sections 15 and 16 of the Housing Act, 1961, on persons in control of houses let in multiple occupation. Very little success was achieved in obtaining the necessary amenities as the immigrant owners created many obstacles, some of which were insurmountable.

There were 121 exhumations during the year. Except in the case of four bodies, the remains were exhumed owing to new road and building developments taking place.

**Common Lodging Houses**

There are two common lodging houses in the City, both of which are in the control of the Salvation Army. These establishments, containing seven sleeping rooms, were inspected on 38 occasions during the year.

The total number of persons accommodated during the year was 37,141 (44,729 in 1968). The nightly average was 101, representing 65 per cent. of the 158 beds available.

**Hygiene in Factories and for Building Operatives**

At the year end there were 2,164 factories in the register which is kept by the Council under Section 8 (5) of the Factories Act, 1961. This figure consists of 2,032 power factories, 87 non-power factories and 45 other premises (mainly building sites). The Act also makes the Authority responsible for enforcing the provision of adequate sanitary accommodation for building operatives.

## **Outworkers**

As the register of outworkers included many persons who live outside the City, it was necessary to send details to no less than 149 other local authorities.

The total number of outworkers notified was 522—textile (burling and mending) 193, and wearing apparel 329.

## **Offices, Shops and Railway Premises Act, 1963**

Routine inspections of premises were continued. These involved newly registered premises and existing premises which had been inspected in the years immediately following the coming into operation of the Act.

The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968 came into operation on the 28th May, 1969.

The requirements of these Regulations were similar to those governing lifts and hoists in premises which are subject to the Factories Act. This is another step in the attempt to bring the safety, health and welfare conditions for sedentary workers into line with those already enjoyed by employed persons who are covered by the Factories Act.

One of the main requirements of the Regulations is that all lifts and hoists must be examined every six months, and, if found to be defective in any way, a copy of the report stating the nature of the defects, must be sent to the Local Authority. It is then the duty of the Local Authority to see that the necessary works are carried out by the persons responsible, so as to make the lift or hoist comply in all respects with the Regulations.

## *Accidents and Prosecutions*

During the year, 97 accidents were reported, of which 12 were investigated, and the appropriate advice given. There were no fatal accidents. A large proportion of notifications, as usual, originated in two large mail order firms and one large supermarket chain—53 victims were male, and 44 female. Since the inception of the Act, the trend of numbers of accidents reported has been upwards—it is not clear whether this indicates an increase in carelessness or an improvement in administration by the persons responsible for the notification of the mishaps.

There were two accidents involving fork lift trucks which resulted in fairly severe injury, and a further case of a young person becoming trapped in a conveyor belt system installed in a multiple store. Consideration was given to court action in this case. In the event, a written warning was considered appropriate in view of the irresponsibility of the young boy concerned, the relatively minor nature of the injury, and the co-operation of the firm concerned in making additional safety adaptations to an already apparently safe system.

A confectioner and his wife were prosecuted for contraventions of Sections 8, 16 and 48 of the Act, following a mishap to the manageress of one of their shops.

This accident came to light on a routine visit to the shop, when the lady concerned mentioned that she had fallen down the basement steps some 11 months previously and sustained injuries which had necessitated her absence from work for several months. No handrail or lighting was provided to the staircase which led to the basement used only quarterly by the meter reader.

The time factor concerned with undertaking a prosecution for failure to notify an accident for almost a year gave the legal department of the Corporation some food for thought, and it was with some reservations that an information laid under Section 48 was finally accepted. In the event, the defendants pleaded guilty to all three counts, and were given an absolute discharge on each.

Accidents were reported as follows:—

1. Offices	...	...	...	...	...	23
2. Retail shops	...	...	...	...	...	19
3. Wholesale shops and warehouses	...	...	...	...	...	36
4. Catering establishments and canteens	...	...	...	...	...	19

**Rag Flock and Other Filling Materials Act, 1951**

There were 20 registered premises in the City, to which 22 visits were made. Sixteen samples were taken.

One sample was found to be unsatisfactory—the supplier was warned in writing. A subsequent sample of the same material from the same source proved satisfactory.

**Hairdressers and Barbers**

*(Bradford Corporation Act, 1949, Section 28)*

The Act requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation. Byelaws under this Section require the cleanliness of premises, instruments, towels and equipment.

Where persons were employed, opportunity was taken to combine visits under this Act with visits under the Offices, Shops and Railway Premises Act, 1963, and where self-employed persons only were concerned, separate visits were made at intervals

All premises were inspected on initial registration.

At the end of the year there were 377 premises on the register, and during the year 106 visits were made. Eleven minor contraventions were rectified after verbal warnings.

Eight complaints of the carrying on of unregistered hairdressing businesses in private houses were received and investigated. All were satisfactorily resolved by subsequent registration, or by cessation of business.

## **Smoke Abatement**

The City of Bradford (Listerhills) Smoke Control Order became operative on the 1st July, and the City of Bradford (West Bowling) Smoke Control (Variation) Order became operative on the 1st November, bringing a further 3,267 houses under smoke control.

The City of Bradford (North-West) Smoke Control Order, which affects 15,691 dwellings, was confirmed in September and will become operative on the 1st May, 1972.

The survey was commenced on the penultimate area of the smoke control programme, the City of Bradford (North) Smoke Control Order, which includes the Eccleshill and Idle wards of the City.

During the year 60 complaints were received and investigated in connection with smoke and three in connection with grit emissions. Improvements were effected in every case.

There were 1,228 observations made of industrial chimneys and 681 visits to premises in connection with smoke abatement. As a result of investigations seven formal and 77 informal notices were served on the offending persons. Arising from the observations and visits many improvements were made to boiler plants, etc. Fourteen applications for prior approval of such plants were considered under the Clean Air Acts, 1956 and 1968.

Legal proceedings were instituted against a firm of tyre dealers for causing a smoke nuisance to the inhabitants of the neighbourhood. An order was obtained to prevent recurrence of the nuisance.

## **Measurement of Atmospheric Pollution and Deposit Gauges**

The north and central stations have been in operation since 1931 and the other stations from 1950. The monthly reports received from the City Analyst showing the average deposits can be seen in the Appendix table.

### *Sunshine Record*

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was three hours 23 minutes.

This figure is 27 minutes more than the figure for 1968.

## **Housing**

The staff of this Section are concerned with the implementation of the Council's policy in slum clearance and house improvement in all its aspects, contrary to the systems used by most other major authorities. The slum clearance work involves the preparation of the programme with the accompanying surveys of the City, the detailed survey of the individual areas prior to their representation to Committee, the preparation of all plans



and the preparation of ownership schedules in co-operation with the Town Clerk's Department, the production of evidence and the giving of evidence before public inquiries through to the rehousing arrangements made in co-operation with the City Housing and Estates Manager, and the issue and supervision of demolition contracts prior to the sites being made available for redevelopment. This work involves the Section in close liaison with all other departments of the Corporation, in particular with the Town Planning Section of the City Development Officer and Engineer's Department, in order that the slum clearance and town planning aspects may be reconciled. The Section deals with innumerable enquiries from members of the general public who are, understandably, concerned for the life of properties in which they have an interest.

A survey of the City is now in course of completion to determine the areas most suitable for treatment as general improvement areas and already one scheme has been reported to Committee. The improvement of individual houses is administered by this Section in consultation with other departments concerned with Town Planning, Valuation and the legal aspect. The work has proceeded during this year against a changing background of legislation and, to a degree, of emphasis.

The long-awaited Housing Act of 1969 has proved, insofar as it relates to area improvement, to be rather disappointing. The Act and accompanying Circulars emphasise the use of persuasion as the major means of bringing about area improvement. Persuasion has been tried in one area of the City and the result of all the work undertaken has been most disappointing. The alterations in slum clearance compensation have produced yet another anomaly in that more importance is now attached to the form of occupation of an unfit property than to its condition. The owner-occupier, by and large, will receive market value whilst the landlord of an identical house will receive the value of the site plus a well-maintained payment. This is illogical and difficult to explain to members of the general public.

### *Slum Clearance*

The representation of houses in clearance areas, clearance orders and compulsory purchase orders has increased to a total of 1,435 houses. Eighty-eight houses have been dealt with as being individually unfit for habitation and thus a total of 1,523 dwellings have been condemned. A total of 697 families have been rehoused by the Corporation, 882 houses have been demolished, and 42 closed as being unfit for habitation.

Forty-seven clearance areas have been declared and included in 18 compulsory purchase orders. Arrangements were made for the voluntary demolition of houses in two areas without the formal declaration of clearance areas.

Public inquiries were held in respect of 13 orders and 15 orders were confirmed by the Minister of Housing and Local Government. Nineteen sites were cleared and made available for redevelopment.

Since 1945, 17,700 houses have been dealt with by representation, 13,919 houses demolished, and 1,175 closed. Families suffering hardship have been assisted by a contribution to, or the payment of, removal expenses and ex-gratia payments have been made to shopkeepers occupying affected premises on a short term basis when no other compensation was payable.



	No. of Houses Represented		No. of Houses closed or demolished	
	In Clearance Areas (Clearance Orders and Compulsory Purchase Orders)	Individually Unfit (for closure or demolition including informal action and L.A. Houses)	Closed	Demolished
1945	—	26	4	16
1946	—	98	18	265
1947	—	200	26	50
1948	—	77	27	53
1949	—	111	37	35
1950	23	65	33	43
1951	30	57	35	42
1952	—	60	29	43
1953	—	103	37	67
1954	245	171	76	101
1955	603	208	88	124
1956	72	201	79	436
1957	822	195	58	435
1958	974	149	63	663
1959	1,219	135	51	662
1960	1,427	159	57	999
1961	1,106	119	32	1,415
1962	1,290	198	85	1,355
1963	645	196	64	712
1964	970	141	60	1,075
1965	805	151	33	890
1966	931	211	40	1,085
1967	802	154	28	1,711
1968	836	192	73	760
1969	1,435	88	42	882
Total	14,235	3,465	1,175	13,919

### *Improvement Grants*

A total of 1,128 applications for grant assistance were made and investigated. There were 645 standard grants and 68 improvement grants approved; a total of 713 houses. Improvement works were completed and payments made in respect of the following:—

Dwellings		Amounts
597	Standard Grants	£81,264
41	Improvement Grants	6,127
<hr/>		<hr/>
638		£87,391
<hr/>		<hr/>

Since the improvement grant legislation was introduced in 1952, 2,021 improvement or discretionary grants have been approved and since the introduction of the standard grants in 1959, 8,726 standard grants have been approved; a total of 10,747 houses. The loans scheme has continued. One hundred and eighty applications were received and 81 approved for payment. Thus 700 applications have been made since 1966 and 276 loans secured by mortgage have been completed. The loans for the assistance of improvements have become less popular since the rate of interest which must be charged exceeded 10 per cent.

Under the provisions of the Act two applications for certificates of disrepair were received. In one case a certificate was issued and in the other an undertaking from the landlord was accepted.

Disinfection and Disinfestation

Very little disinfection was carried out during the year for cases of infectious disease, and the work of disinfestation, mainly due to the rehousing programme, was of a similar tempo to the previous year.

Requests were again received to disinfect second-hand articles of wearing apparel which were being sent to European countries and certificates were issued in respect of 233 articles. A small charge was made for each parcel submitted.

Swimming Baths

During the year 182 samples of water from the 24 public and school swimming baths were submitted to the Public Health Laboratory for testing in respect of the residual chlorine content. During the year one public bath was demolished for new road development.

Water Supply

Routine sampling was continued during the year. A total of 192 bacteriological and 344 plumbo-solvency samples of the town's supply were examined. In addition, 150 samples of water taken from other sources, such as flooded cellars, by the district public health inspectors during the investigation of statutory nuisances, were submitted for chemical examination.

Sixty-seven dwellings in the City are supplied with fluoridated water from the Rombalds Water Board. A constant check has been made on this supply by sampling, and the fluoride content has consistently been one part per million.

We are indebted to the Waterworks Engineer, Mr. S. Asquith, B.Sc., M.I.C.E., M.I.W.E., for the following information as requested in Circular 1/70.

- 1. (a) (i) The quality has been satisfactory
- (ii) The quantity has been adequate
- (b) All waters are filtered and chlorinated before distribution.
- (c) Fluoride content samples collected 30th December, 1969
  - (i) Low Level, Gilstead Slow Sand           0.08 p.p.m.
  - (ii) Intermediate Level, Chellow Heights   0.05 p.p.m.
  - (iii) High Level (1) Thornton Moor       0.08 p.p.m.
  - (2) Thornton Pressure       0.10 p.p.m

## 2. Bacteriological Examination

(i) Raw Water	
Total samples collected	178
Samples containing presumptive coliforms	165
Samples containing E. coli type 1	165
(ii) Treated and Distributed Waters	
Total samples collected	2,586
Samples containing presumptive coliforms	82
Samples containing E. coli type 1	45

## 3. Chemical Examination

Results of analyses of waters from the Corporation's three sources of supply will be found in the Appendix.

### Plumbo-Solvency

- (i) Low Level  
May on occasions be plumbo-solvent: lime is added intermittently to the clear water wells of the slow sand filters to counteract this tendency. Provision has been made in this year's estimates for the installation of permanent automatic lime dosing equipment.
- (ii) Intermediate Level  
No evidence to indicate undue plumbo-solvency. Lime is added at Chellow Heights Treatment Plant after filtration to counteract any plumbo-solvent tendency.
- (iii) High Level
  - (1) Thornton Moor Distribution System  
No evidence to indicate undue plumbo-solvency. Lime is added after filtration to counteract any plumbo-solvent tendency.
  - (2) Thornton Pressure Distribution System  
No evidence to indicate any undue plumbo-solvency. Lime is added after filtration to counteract any plumbo-solvent tendency.
  - (3) Brayshaw Reservoir Distribution System  
No evidence to indicate undue plumbo-solvency. A scheme is in preparation to install lime dosing equipment at the reservoir outlet.
  - (4) Horton Bank Distribution System  
No evidence to indicate undue plumbo-solvency. A scheme is in preparation to install lime dosing equipment at the reservoir outlet.

## Rodent Control

### *Surface Treatment*

During the year 1,324 rat and 2,104 mice infestations were dealt with.

Of 3,428 infested properties, 3,400 were notified by the occupier, 28 were discovered by inspection of premises. 'Warfarin', zinc phosphide, 'Alphakil' and arsenious oxide were used to eradicate the rats and mice.

At the request of the Local Authority 76 premises were rat-proofed after treatment. Five 'block schemes' were carried out which necessitated the simultaneous treatment of premises and sewers.

### *Sewer Treatment*

Test baiting of the sewer manholes continued throughout the year in accordance with the Minister's recommendations and 7,334 manholes were test baited and 769 poisoned.

## Food Premises

During the year 4,966 inspections of premises were made and 3,793 contraventions noted. As a result of these, 633 warning letters were sent and 977 verbal cautions issued.

The letters which have been sent have again been of an advisory rather than a threatening nature, but in a number of cases it was felt that conditions warranted the institution of proceedings.

Of particular interest were the conditions found in a Works Canteen at a railway goods yard, which at the time of inspection had, as a result of legislation contained in the Transport Act, 1968, come under the control of a public company. The Comment in the editorial of the local newspaper was particularly apt, and is reproduced below as worthy of record:—

### “ANTIQUATED

“What a sorry comment on the image of British Rail was the case before Bradford magistrates yesterday in which fines totalling £400 were imposed for offences arising out of what were described as ‘appalling conditions’ at a canteen at the Valley Road goods yard, Bradford.

“Public health inspectors who visited the canteen in February found it to be insanitary to a degree.

“The canteen has since been closed and, under the Transport Act, National Carriers Ltd. and the National Freight Corporation have taken over responsibility from British Rail.

“It is to be hoped that these new bodies make a better job of eliminating such antiquated conditions on the railways than did British Rail. We cannot hope for a better service for the public, whether in goods or passenger transport, unless the railway’s employees themselves work in up-to-date conditions.”

Details of the proceedings are shown in the Appendix, in which it will be noted that the actual fines were £360.

One case was taken in respect of the failure to register premises used for the preparation of preserved food as quite a large business had been set up in the City without any reference to this Department, and when these were found and inspected conditions were found to be unsatisfactory.

The work in the Division still brings contact with a wide range of immigrants, and premises occupied by the Pakistani immigrants represent the major portion. We have dealt with 156 food businesses operated by them in the City, including 10 wholesale premises, two canning factories, 98 grocery and mixed shops, 10 butchers’ shops, 25 cafes (some with clubs), nine private clubs, and various other trades, including sweet manufacture, confectionery, and chicken slaughter.

In relation to food hygiene, it is perhaps interesting to record that the Inspectors are often asked of the extent of the attention given to the shops operated by the immigrants, apparently based on a feeling that these do not present a particularly good appearance. There is, perhaps, some truth in the latter observation and it would be advantageous if some of the proprietors endeavoured to improve the visual attractiveness of the premises. As was stated last year, there is a feeling that the standard is improving, but in four cases it was felt that proceedings should be instituted. Two of the cases were taken against the same individual in respect of businesses



operated at two separate premises. One was used for the purpose of sweet manufacture and the other for the purposes of a cafe and also for the manufacture of sweet and flour confectionery. Details of these cases are reported in the Appendix. The other two were not taken to court, however, until after the end of the year and details will be published later. One related to the unsatisfactory conditions at a chicken slaughtering establishment and one at a grocery establishment. The proprietors in all four cases were immigrants from Pakistan.

We also have a varied selection of businesses to deal with operated by immigrants from other countries, particularly restaurants operated by the Chinese and Cypriots, shops and cafes by West Indians, shops, clubs and manufacturing premises operated by Continental immigrants, and the Hungarians seem to have a particular interest in the 'hot dog' stalls.

## **Milk Supply**

Although over 90 per cent. of the milk supplied retail to the consumer consists of processed milk there is still an appreciable quantity of untreated farm-bottled milk sold in the City. The drinking of untreated milk must carry with it the risk of infection, principally with the *Brucella abortus* organism, which causes undulant fever in humans. There are approximately 81 farms producing milk within the City boundary and, in addition, a large quantity of milk comes from the surrounding country areas to the processing dairies and also from retailers outside the City.

Regular testing of the supplies has been carried out during the year for chemical analysis, bacterial cleanliness and the presence of infection. Specific examinations have been carried out for the measurement of radioactivity and the presence of antibiotics. Cleanliness checks on the major supplies of fresh cream sold in the City have been continued.

### *Infection in Milk*

Attention was again particularly directed to the eradication of brucella infection from milk. Routine samples were obtained from the bulk milk of herds and were screened by the Brucella Ring Test. When results were positive, samples were obtained from each cow in the herd and those giving positive Ring Tests were further examined by culture examination.

A total of 500 herd samples was examined and 109 of these gave a positive result to the Ring Test. Thirty-six herd samples gave positive results on culture examination. The number of individual cow samples examined from Bradford farms was 1,038. Of this number, 178 gave a positive result to the Ring Test and 64 of these were reported positive on culture examination.

Sixteen notices were served on Bradford farmers requiring the heat treatment of the milk from individual cows under the provisions of the Milk and Dairies (General) Regulations, 1959. Notifications were sent to neighbouring authorities in 16 cases in respect of infected milk coming into the City. Following repeated positive samples of milk from a farm outside the City boundary, a notice was served on the producer prohibiting the sale of the milk in Bradford without heat treatment.



It was noted that untreated milk was still on sale at nine of the 18 vending machines and three of the 57 milk dispensers in catering establishments.

*Milk and Dairies (General) Regulations, 1959*

There were at the end of the year 1,180 persons registered for the sale of milk within the City. These may be classified as follows:—

Dairymen	...	...	...	...	...	...	261
Shops where milk sold in sealed bottles only	...						919

Automatic milk vending machines in factories and public places numbered 18 and milk dispensers in catering premises 57.

Legal proceedings were initiated against a dairy farmer in respect of the supply of pasteurised milk to one of the Health Department establishments in a churn which had a badly rusted interior. The proceedings had to be instituted by the County Council as the farm was situated outside the City administrative area, but evidence was prepared by the Department's staff. The farmer was fined £5 and ordered to pay £9.7.9d. costs.

*Milk (Special Designation) Regulations, 1963 (as amended)*

All dealers' licences are issued by the Food and Drugs Authority for the area in which the premises at or from which the milk is sold are situated. This was the fourth year of the five-year licensing period.

The following is a summary of the types of licences in operation:—

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised"	...	...	2
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	...	...	2
Dealer's (Untreated) Licence authorising the use of the special designation "Untreated"	...	...	1
Dealer's (Pre-packed Milk) Licence authorising the use of the special designations:—			
(a) "Untreated"	...	...	194
(b) "Pasteurised"	...	...	240
(c) "Sterilised"	...	...	1,201
(d) "Ultra Heat Treated"	...	...	131

*Milk Processing*

During the year there were three dairies engaged in the heat treatment of milk; one by pasteurisation, one by sterilisation, and one carrying out both processes.

*Chemical Examination*

During the year 521 samples were submitted for chemical analysis, of which seven gave an analysis under 3.0 per cent. of fat while 58 gave an analysis under 8.5 per cent. of non-fatty solids. In most cases the adulterations were small and warnings issued.

Legal proceedings were instituted on two occasions against a wholesale producer supplying milk to a processing dairy in Bradford under Section

32 of the Food and Drugs Act, 1955 in respect of the sale of milk containing added water. On the second occasion the farmer refused to allow entry for the purpose of taking "appeal to cow" samples and proceedings were also taken for obstruction of the inspectors.

Fines totalling £40 were imposed on the first occasion, and on the second occasion £110 and £11 costs.

A table giving comparative figures for the milks examined during the period 1947 to the present year will be found in the Appendix.

### Examination of Raw Milk

Samples of raw milk were taken regularly during the year for bacteriological examination. In the case of unsatisfactory samples of farm milk, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a view to improving the cleanliness of the milk at the farm.

Where an unsatisfactory sample was obtained from a milk distributor, investigation was made into his methods of milk handling, etc., and appropriate warning was given.

	Samples Taken	Methylene Blue Reductase Test		
		Pass	Fail	Void
	561	476	25	60

### Examination of Heat-treated Milk

The samples taken of heat-treated milk processed both in and outside Bradford were reasonably satisfactory, as shown in the following table:—

	Number of Samples	Phosphatase Test		Methylene Blue Reductase Test			Turbidity Test	
		Pass	Fail	Pass	Fail	Void	Pass	Fail
Pasteurised	510	506	4	456	19	35	—	—
Sterilised	52	—	—	—	—	—	52	—

In cases of test failures investigations were made and appropriate advice and warning given.

### Radioactivity in Milk

Samples were examined throughout the year for radioactivity and the following are the monthly averages:—

Total radioactivity calculated as strontium 90 (including Iodine 131) and expressed as micro micro-curies per gram of calcium	Jan.	6.9	Apr.	7.0	July	6.7	Oct.	6.5
	Feb.	7.0	May	6.7	Aug.	6.5	Nov.	6.5
	Mar.	7.2	June	6.6	Sept.	6.5	Dec.	6.5

The present levels are far below any danger level and form only a tiny proportion of the natural background radiation to which we are all subjected daily. With the reduction in latter years of the testing of atomic weapons throughout the world, the health hazard from this source can now be regarded as negligible in this area.

### *Antibiotics in Milk*

Antibiotics may be present in the milk of a cow which is receiving treatment and their presence constitutes a health hazard to the consumer. Antibiotics were found in six samples.

### **Ice Cream**

Visits were made to ensure that ice cream premises and plant complied with the requirements of the Food Hygiene (General) Regulations, 1960, and the Ice Cream (Heat Treatment, Etc.) Regulations, 1959. The number of premises registered in respect of ice cream sales was 1,234.

Legal proceedings were instituted against a local ice cream manufacturer under the provisions of the Ice Cream (Heat Treatment, Etc.) Regulations, 1959 relating to the use, installation and maintenance of indicating and recording thermometers.

Penalties imposed were fines totalling £30.

A question of evidence arose during the preparation of this case as the legal department considered that, because of the wording of the Regulations, it was not sufficient to produce evidence of failure to provide thermometers or demonstrate their incorrect usage during the process of manufacture, but that it was also necessary to produce evidence of sale of the ice cream. It is suggested that the Regulations may, with advantage, be accordingly amended, for routine inspection at a factory does not necessarily furnish evidence of sale of the product.

### *Bacteriological Examination*

During the year 69 samples were submitted for examination and they were graded as follows:—

Provisional Grade				No. of Samples
Grade I	...	...	...	30
Grade II	...	...	...	10
Grade III	...	...	...	7
Grade IV	...	...	...	22
				<hr/> 69 <hr/>

If ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

### **Food and Drugs**

The number of samples of Food and Drugs taken under the Act and submitted by the Sampling Officers for analysis was 1,068. Of these, 971 were genuine. In the majority of cases the adulterations were small and the vendors were cautioned. Legal proceedings were instituted in one case under

The Sausage and Other Meat Product Regulations, 1967 in respect of the sale of pork sausage deficient in meat content. The penalty imposed was a fine of £20. A further case is pending.

The number of samples procured and examined during 1969 will be found in the Appendix.

### *Bacteriological Examination*

Examinations were made of 160 foods and 162 swabs of food and equipment. Staphylococci were isolated from six samples, including poultry meat and cooked ham, and Salmonella organisms were isolated from two chicken swabs.

### *Food Inspection*

Complaints relating to the sale of food in an unsatisfactory condition were again numerous; over 100 investigations being made by the Food and Drugs Inspectors. It is, of course, often found that people making complaints are unwilling to appear in court to assist in legal proceedings and consequently action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint. In the case of outside manufacturers, the matter is taken up by correspondence and also by advice to the Public Health Department of the area concerned. Strong warning letters were sent to the manufacturers in some cases.

Supplies of fish, poultry, fruit and vegetables were regularly inspected throughout the year in the St. James' Wholesale Market and at the wholesale warehouses and retail shops. Particulars of the foods condemned (other than carcase meat) will be found in the Appendix. The total number of visits involved was 4,529.

In addition to the visits to food premises for inspection and condemnation of foods, routine visits were made to retail shops for the inspection of poultry as a large percentage of birds sold do not pass through the wholesale market. There are now two poultry processing establishments operating in the City. Inspection of the birds has been carried out in accordance with Circular 22/61. Some difficulties are encountered in dealing with the slaughter of poultry by the immigrant population as it appears that a retail shopkeeper will slaughter a number of birds under Mohammedan ritual at non-specific intervals. Such premises have not been included as poultry processing establishments, but checks are made from time to time to see if slaughter is taking place, to check on the hygiene of the premises and to examine the birds.

The figures requested for poultry processing establishments are as follows:—

(1) Number of poultry processing premises	2
(2) Number of visits ... ..	375
(3) Total number of birds processed ...	624,819
(4) Types of bird processed ... ..	cocks, hens, broilers, capons, geese
(5) Percentage of birds rejected as unfit for human consumption ... ..	0.8
(6) Weight of poultry condemned ... ..	17,119 lbs.



Legal proceedings in respect of offences against Section 2 or Section 8 of the Food and Drugs Act, 1955 were instituted in 24 cases, particulars of which will be found in the Appendix.

Checks have been made on the supplies of food by contractors to the Corporation establishments, both by inspection and analysis.

## **Pharmacy and Poisons Act, 1933**

The Act places duties on this Authority for the control of certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitrobenzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The register is kept by the Town Clerk's Department and the supervision at premises is carried out by the Food and Drugs Inspectors. The number of premises recorded was 238.

## **Meat Inspection**

The total number of birds slaughtered in the Bradford area during 1969 was 147,820; a slight increase on the 1968 figure. The number of cattle and pigs slaughtered shows a marked increase on the previous year, but this is offset by a drop of approximately 12,000 sheep.

One hundred per cent. ante-mortem and post-mortem inspection was carried out on all animals slaughtered in the Public Abattoir, and 100 per cent. post-mortem inspection was carried out on all animals slaughtered in the private slaughterhouses during the year. The total weight of meat and offal condemned was 223,119 lbs. and the total number of carcasses found to be unfit for human consumption was 268.

The percentage of animals found to be affected with Tuberculosis has increased from 0.05 in 1968 to 0.21 in 1969. This increase is due to the slaughter of a complete herd of cattle in August of last year. The disease was discovered during routine tuberculin testing on the farm and it proved to be a classic example of the explosive type of outbreak which we can expect from cattle which have been tuberculosis free for some years. On post-mortem examination of these 87 cattle it was found that over 60 per cent. of the herd was affected in some way, and that in one animal, presumably the primary case, the disease was generalised, and in a further two animals the disease had resulted in emaciation.

The total number of reactors to the Tuberculin Test slaughtered in the abattoir during the year was 111.

The Brucellosis Eradication Scheme is still operated on a voluntary basis only, but it is gathering momentum, and the number of reactors slaughtered during 1969 was 57; over 100 per cent. increase on the previous year. All reactors and other cattle suspected to be affected with Brucellosis are examined in the abattoir laboratory by taking blood smears from the uterus or cotyledon. One hundred and thirty-two such tests were carried out in 1969, 94 of these tests being positive.



There was one positive case of anthrax in the City during the year. This occurred in a cow, and the animal was found dead on the farm. Movement restrictions on all animals in the vicinity were applied. The infected carcase was disposed of by burning, and the infected area in which the cow died was disinfected, after which the movement restrictions on the remaining animals were lifted. The whole operation took less than three hours to complete.

In addition to the above case, there were a further seven suspected cases notified to this department which, on examination, proved not to be anthrax.

There were no cases of foot and mouth disease or swine fever in the area during the year, but many farms in one section of the City were under close surveillance for fowl pest and Mareks disease.

Routine inspections of farm stock under the Diseases of Animals Acts were carried out regularly and, in all, 513 visits were made to farms and piggeries.

The number of cattle affected with cysticercus bovis was 87, none of which was a generalised case. All had lesions localised to the heart or masseter muscle. The cases were treated in cold storage before being passed as fit for human consumption.

The abattoir laboratory was fully operative during the year. In addition to the brucellosis examination, the coli plate count was carried out on 1,264 specimens. Microscopic examinations of parasitic specimens was carried out in 165 cases, and 205 blood smears were prepared and examined.

There are now only two licensed private slaughterhouses in Bradford. Three licences were issued on the 1st January, 1969, but in May one of the old established slaughtering businesses was discontinued and the licence was surrendered. The total number of visits made to these private slaughterhouses during the year was 116.

## HEALTH EDUCATION, TRAINING AND RESEARCH

## Health Education

Each member of the Staff who meets the public makes a contribution to health education—from the home help who assists the elderly to eliminate hazards in the home, to the medical officer who may give sophisticated advice at the infant welfare clinic. Such field work is invaluable. Staff at all levels recognise this and regard it as an integral part of their duties in keeping the public well informed. This basic instruction must not be forgotten as it goes on alongside more formal health teaching. This is undertaken principally by the health visitors, the Health Education Officer, midwives and medical officers who deal with a variety of personal health topics. The public health inspectors also do much, both formally and informally, in instructing the public in the principles of environmental health—food hygiene, sanitation, smoke control, control of infectious disease, etc. Their task seldom makes headline news, but still plays a major part in safeguarding the health of our crowded technocracy. The public now expect 'the authorities' to protect the consumer at every turn, forgetting that domestic hygiene still has a vital role to play.

*Programme Review*

It will be recalled that in 1968 an extensive re-appraisal of the programme was undertaken. Review at the beginning of the year indicated that few changes were necessary.

Basic teaching of mothercraft, preparation for childbirth, general hygiene, home safety etc. continued to be done by health visitors and midwives. Special topics (drugs, sex, venereal disease and personal relationships, smoking etc.), were dealt with by the Health Education Officer, the Deputy Medical Officer and other specialist instructors.

*Health Education in School*

It is with great pleasure that a large increase in health teaching in school is reported. The bulk of this is done by class teachers as a part of general studies, though the Health Education Officer spent 184 hours in school during the year. A good education must be comprehensive and this City is making great strides in preparing its young for living. Where more technical health education is required, then the Health Education Officer or one of the health visiting staff is asked to contribute to the course—particularly in subjects like drugs and sex. Much of this special work is done with ordinary class groups and frequently the form teacher participates as well. The presence of the teachers ensures continuity with the rest of the course, particularly where isolated sessions on specific subjects have been taught.

More commonly, whole courses covering parentcraft, homemaking and citizenship, as well as those subjects more directly concerned with the principles of health, are asked for. The health visiting staff find these regular sessions more satisfying, and it is possible that when health education is dealt with on the basis of a weekly or fortnightly session the health visitor has a better opportunity of developing a good teaching/learning relationship with the class. This engenders confidence, stimulates discussion, and allows lively and uninhibited exchange of ideas. Two classes of educationally sub-

normal children between the ages of 11 and 13 years are at the present time undertaking courses of this nature. The progress is, of necessity, slow but the children seem to find the subjects interesting and stimulating, and both the teaching and health visiting staff consider their time well spent.

### *Immigrant Health Education*

Two health visitors who have a high proportion of immigrant families in their case load, have started an interesting weekly health education session for such parents and their children. Many of these parents have difficulty in recognising the needs of children in our society, particularly the need to provide adequate stimulation for the children's development, mentally and emotionally. The course was therefore initiated with the intention of providing teaching of a practical nature in an informal setting, aiming to give the parents an opportunity to observe good basic child care, embracing such subjects as clothing, methods of feeding, (particularly weaning), child handling in general, and the importance of playing with and talking to children. Many immigrant mothers do not easily play with their off-spring, and many of them were captivated by such activities as blowing bubbles. Two mentally handicapped children attended the course at the request of the health visitor, who was concerned that in their own home the children appeared to be unoccupied, somewhat unattended and consequently under-stimulated. In one instance both father and mother attended on occasions, and a noticeable improvement followed. At subsequent visits to the home it was noticed that the mother had started to talk to and play with the child and in general accepted the child as part of the family to a much greater extent. The child now has a high chair and a walking frame, and is taken out of the house much more frequently.

It is too early to make an accurate assessment of the degree of success, since the group is small and has been operating for only 6—8 weeks, but certainly those families who have attended would appear to have benefited in that health visitors have noticed that the amount and quality of the play materials evident in the home has changed.

### *Evening Lectures*

Requests from voluntary organisations, such as parent/teacher associations, church groups, etc., are met wherever possible, and 58 evening talks, film shows, etc. were given:

Subject	No. of Talks
Food Hygiene ... ..	1
Drugs ... ..	15
Sex Education ... ..	8
First Aid .. ...	10
Mental Health ... ..	17
Mouth to Mouth Resuscitation	1
Parentcraft ... ..	7
Work of Health Visitor ...	2
Family Planning ... ..	2
V.D. ... ..	2
Statutory Health Services ...	4
Home Safety ... ..	2
Aspects of District Nursing ...	5
Total ...	76

### *Home Safety*

The Home Safety Committee met on several occasions during the year. Work was begun to prepare for the publication of a new Home Safety Handbook which can be used to reach a wider section of the public than previously. Other arrangements were put in hand to ensure the fitting of secure drug cupboards in all new houses to be built in the City.

The home safety project which was begun during the spring term in five large secondary schools in different parts of the City resulted in the staging of five exhibitions in school which were open to the public.

There is little doubt that the children learned a great deal about home safety during the work which they did for these exhibitions. Without exception all were excellently mounted and showed that much care and thought has gone into their preparation.

Unfortunately not as many members of the public attended these exhibitions as had been hoped, but those who did found much that was informative and helpful.

### *Drug Addiction Liaison Committee*

This Committee continued its pioneer work in acting as an information exchange for those concerned with the problems of drug taking, and as an educational organisation in disseminating information to others. The Committee remains both voluntary and virtually fundless. Much of the publicity and teaching material required to carry out its educational activities were supplied by the Department.

The Committee regularly had visitors from other parts of the country to study their organisation and methods.

### *Publicity*

This has been continued by bus display cards, the health section of the Health and Welfare Services Handbook, 'Neotractor' signs, posters in the clinics, and the City of Bradford Hygiene and Home Safety books, all of which have been used to good advantage in the dissemination of health information.

These, with other publicity material (pamphlets etc.), are all kept under constant review so that topical subjects which may arise may be brought to the fore whenever possible.

The Health Education Department owns the following 16mm sound films:—

- Quarter of a Million Teenagers (V.D.)
- Drugs and the Nervous System
- Learning to Live (12-13 year old sex education)
- Smoking and You
- Food without Fear (Hygiene in Food Kitchen)
- Tons of Teeth

It also owns 158 sets of film strips and slides dealing with:—

- Maternity and Child Welfare
- Immunisation and Vaccination
- Personal Care
- Food
- Services available and Environmental Health
- Care of the Aged
- Home Safety
- Diseases and Nursing



The films were used on 114 occasions, and the filmstrips or slides on 366 occasions. Both these aids have proved to be excellent media for effective instruction in health subjects to a wide variety of audiences.

Media having much wider impact have not been neglected. The local press, B.B.C. and I.T.V. have all been extremely helpful in assisting in the promotion of reliable information regarding health matters. Members of the Department have taken part in T.V. interviews, and feature articles or news items in the local press (for which background information has frequently been provided by the Department) have appeared whenever public interest was aroused.

## Training

Senior staff in every section of the Department find they must devote time to the training of others. If students are to derive the full benefits that are available from the instruction, observation visits and practical experience, then careful planning is necessary. It is essential that this role of the Department is recognised in future planning particularly at this stage when so many changes are proposed in the Health and Social Services.

The Department offers training facilities to two main groups of students—firstly its own staff who need in-service training to keep them abreast of developments in their own and related fields. Secondly, students from outside who look to the Department for instruction in the Community Health Services and guidance as to how these services are related to the other Health and Welfare Services. Several professional and administrative officers from overseas countries have visited the Department during the year in the course of their studies of Local Government Services in Britain.

### *Students*

The largest groups to whom experience is given are student nurses from the Bradford Hospitals and Leeds General Infirmary.

Other groups who come to study various aspects of the Department's work are:—

- Midwives
- District and nursery nurses
- Child care officers
- Teachers in training
- Probation officers
- Medical students—undergraduates and postgraduates
- Social workers
- Students of administration in health and welfare
- Girl guides
- School children

The Senior Medical and Nursing Staff are also called upon to contribute lectures to courses run by other organisations.

### *Health Visitor Training School*

The Training School for Health Visitors is run jointly by the Department and the University of Bradford. State Registered Nurses with obstetric experience and suitable academic qualifications are interviewed by a panel



and those selected attend a twelve month full-time course of theoretical and practical instruction. The course includes tuition in the social and behavioural sciences, as well as in paediatrics, health education and teaching, epidemiology, and the role of the health visitor in contemporary society. Some candidates are sponsored by this Department and others by neighbouring local authorities, to whom they return after the course. Successful completion of the course, the examination and a period of field work leads to the award of the Certificate in Health Visiting of the Health Visitors Training Council.

All 16 students in training completed the course successfully in September, 1969, and a further 15 students began their studies in October.

### *Staff Training* *Medical Officers*

The medical staff have met regularly during the year, in order to discuss problems of common medical interest and to have seminars on topics of special importance.

All the senior medical staff have attended conferences, seminars or short courses outside the City where the subjects for discussion were appropriate to their speciality. They are thus kept abreast of current progress and are able to ensure that their patients have the benefits of the latest developments.

### *Dental Officers*

a) One full-time dental officer attended a two-day Dental Health Education Conference in London.

b) One full-time dental officer attended a one-day Symposium at Sheffield University.

c) Several dental officers and dental surgery assistants attended half-day clinical meetings (3).

d) This Authority was also represented at the Annual Conference of the British Dental Association.

### *Health Visitors and School Nurses*

During 1969 seven health visitors attended refresher courses (four in Warwick, two in Liverpool and another one in Liverpool at a later date). We encourage the staff to attend such courses, as apart from the benefit they derive from the formal educational content of the courses, the exchange of ideas with colleagues from other authorities is stimulating.

### *Field Work Instructors*

The Training Council for Health Visitors has approved courses for the training of field work instructors who are responsible for the practical training of health visitor students. As a result of this, five members of our staff have attended the initial course, and are in process of attending follow-up courses.

## *Midwives*

### *In-service Staff Training*

Staff meetings with lectures have been held regularly throughout the year. All new staff spend two weeks with senior staff to be given information about the Service.

### *Pupil Midwives Part II*

#### *Midwifery Training School*

January 1969      13 pupil midwives in training  
58 pupil midwives have passed through the training school during the year

December 1969    19 pupil midwives in training

The pupil midwives take three months district midwifery training before completing a further three months hospital midwifery training. Bradford provides district training for St. Luke's Maternity Hospital, Bradford, Bradford Royal Infirmary, St. Mary's Hospital, Leeds, The Maternity Hospital at Leeds, St. James's Hospital, Leeds, St. John's Hospital, Keighley. The community care programme has been extended to include lectures on the Home Help Service, Health Visiting, Family Welfare Service, work of the Children's Department, Family Planning Service, Cytology. Good liaison exists between hospital midwifery tutors and district tutor so that there is complete agreement on the methods of training the pupil midwives.

## *District Nurses*

### *District Nurse Training*

There was only one course held during 1969. All students were successful.

In training 1st January, 1969	7
Entered during the year	6
Still in training 31st December	0

Attendance at Lecture Course, June 1969

Bradford 6, Halifax 2, Wakefield 1, York 3.

### *District Nurse In-service Training*

An In-service Course of Instruction for state enrolled nurses working on the district was held 23rd September—28th November which six nurses from Bradford and three from Halifax attended. Eight sat the assessment examination held by the Queen's Institute of District Nursing, five of whom were successful.

Two study days were arranged for bathing attendants. These were much appreciated by those participating, who have requested that similar study days be organised.

Three in-service lectures were held for the district nurses on recent advances in treatment and the changing pattern of patient care in the domiciliary field.

Three members of the staff attended general refresher courses and one attended a practical work instructors course at the William Rathbone Staff College, Liverpool.

The Superintendent attended two seminars :

- 1) Attachment of Local Authority Nursing Staff to Group Practice.
- 2) The Implications of the 1969 General Nursing Council Syllabus on the Local Authority Nursing Services.

### *Student and Pupil Nurses Observation Visits*

The arrangements made with the Nurse Training Schools at St. Luke's Hospital, Bradford Royal Infirmary and the Children's Hospital have continued to operate satisfactorily. Visits have been arranged for 36 student nurses and eight pupil nurses. Additionally four lecture-discussion groups were held at St. Luke's Hospital.

Observation visits and an insight into the work of the district nurse were planned for two medical students, one student taking an advanced course in Nursing Administration and for one student sister tutor.

### *Nursery Nurse Training*

All day nurseries provide practical training for nursery nurses, and each matron is closely concerned with the students in her establishment. In order that academic training may be closely related to practice, the students spend alternate weeks (throughout the course) at lectures at the Technical College, and in training in a nursery. During 1969 all six day nurseries were concerned with the training of students for the National Nursery Examination Board Certificate, and students were placed as follows: Albion Road 3, Brownroyd 4, Canterbury 4, Farcliffe 6, Greaves Street 6 and Thornbury 4.

### *Mental Health Service*

The Mental Health Service has played an active part in training its own staff as well as providing placements for students from universities and colleges.

During the year officers were seconded on a course for the Younghusband Certificate, the Diploma for Teachers of Mentally Handicapped Children and Adults. In addition the Assistant Administrative Officer successfully completed his D.M.A. Course. Practical placements in the Mental Health Service were arranged for students from Leeds, Bradford and Southampton Universities, from Leeds College of Commerce and Leeds and Newcastle Child Care Courses.

### *Ambulance Service*

During 1969 11 driver/attendants were sent on training courses for ambulance men held at the West Riding County Council Training School in Cleckheaton, Yorkshire.

One driver/attendant, after completing a six-week course, was later sent on an Instructors' Course held at the Cheshire County Council Training School, and was successful in obtaining an Ambulance Service Instructor's Certificate.

*Public Health Inspectors*

Two students are taking  
Final Examination June 1970.  
Two students are taking  
Final Examination June 1971.

} Original four-year part-time course

Two students are on first year of new three-year Sandwich Course.

All classes at Faculty of Technology, Leeds Polytechnic.

*Administrative and Clerical Staff*

One officer obtained the Diploma in Municipal Administration by passing the whole of the final examination; two others passed one part of the intermediate D.M.A. examination thus completing that part of the examination. Two officers passed the Clerical examination, and three girls obtained R.S.A. certificates in shorthand.

# Appendix





**Table 1**     *Vital Statistics. Bradford, 1968 and 1969 (calculated from numbers supplied by the General Register Office)*

	1968	1969
Estimated population ... ..	294,440	293,210
Comparability factors—births ... ..	1.04	1.04
—deaths ... ..	0.96	0.96
Births (total live and still) ... ..	5,650	5,803
Births—live ... ..	5,568	5,731
—still ... ..	82	72
Illegitimate live births as a percentage of all live births	12.5	12.0
Crude live birth rate per 1,000 population ... ..	18.9	19.5
Live birth rate as adjusted by factor ... ..	19.7	20.3
Deaths ... ..	4,026	4,081
Crude death rate per 1,000 population ... ..	13.7	13.9
Death rate as adjusted by factor ... ..	13.1	13.3
Infant deaths ... ..	160	168
Infantile mortality rate per 1,000 live births ... ..	28.7	29.3
Infantile mortality rate per 1,000 legitimate live births ...	27.6	27.1
Infantile mortality rate per 1,000 illegitimate live births ...	36.2	45.1
Neo-natal mortality rate per 1,000 live births ... ..	18.5	17.1
Early Neo-natal mortality rate per 1,000 live births ...	15.6	15.1
Stillbirth rate per 1,000 total births ... ..	14.5	12.4
Peri-natal mortality rate per 1,000 total births ... ..	29.9	27.3
Deaths due to pregnancy, childbirth or abortion ...	6	4
Maternal mortality rate per 1,000 total births ... ..	1.06	0.68
Tuberculosis rate per 1,000 population:		
(a) primary notifications—respiratory ... ..	0.62	0.67
—non-respiratory ... ..	0.22	0.36
(b) deaths—respiratory ... ..	0.02	0.03
—non-respiratory ... ..	0.01	0.007
Cancer of the lung, bronchus—death rate per 1,000 population	0.65	0.59

*According to Departmental records:*

878 live births     }  
15 stillbirths     } were transferred out

193 live births were transferred in

729 deaths were transferred out

264 deaths were transferred in

**Table 2** *Populations, Corrected Birth and Death Rates, and Infant Mortality Rates. Bradford, 1923—1969*

Year		Population	Corrected Birth Rate	Corrected Death Rate	Infant Mortality Rate
1923	...	290,800	18.2	13.8	78
1924	...	290,200	16.9	14.9	92
1925	...	290,200	16.6	13.9	95
1926	...	288,700	16.3	13.6	92
1927	...	293,200	14.7	14.6	92
1928	...	288,500	15.3	13.6	69
1929	...	289,200	15.0	15.7	80
1930	...	293,254	14.9	13.5	75
1931	...	300,900	13.6	14.2	71
1932	...	296,300	13.6	13.9	75
1933	...	295,100	13.2	14.7	79
1934	...	293,650	13.7	13.4	62
1935	...	292,200	13.4	14.3	64
1936	...	290,500	13.4	14.9	82
1937	...	289,510	13.9	14.6	69
1938	...	288,700	13.5	13.8	58
1939	...	287,500	12.4	14.9	61
1940	...	271,700	12.8	15.9	68
1941	...	270,310	12.4	14.8	68
1942	Civil Popula- tion	264,800	13.9	13.3	50
1943		260,300	14.5	14.4	58
1944		261,890	16.2	15.0	53
1945		262,660	15.8	14.9	65
1946		279,040	19.4	14.5	49
1947	...	284,900	22.2	15.6	59
1948	...	288,500	18.8	13.4	43
1949	...	291,600	17.3	14.5	38
1950	...	294,300	16.7	14.2	38
1951	...	289,800	16.4	15.4	43
1952	...	288,000	15.9	13.7	33
1953	...	286,600	15.9	14.2	37
1954	...	286,500	16.4	14.8	31
1955	...	286,400	16.2	13.6	28
1956	...	286,400	16.8	14.1	28
1957	...	287,000	17.3	14.1	28
1958	...	287,800	17.7	13.9	30
1959	...	289,100	17.6	14.1	29
1960	...	289,860	18.7	12.8	28
1961	...	294,210	18.8	13.4	26
1962	...	296,220	19.6	13.8	26
1963	...	297,040	20.2	14.5	26
1964	...	298,220	20.2	13.3	27
1965	...	298,090	19.8	13.1	25
1966	...	297,100	19.1	13.5	29
1967	...	296,860	19.8	12.5	28
1968	...	294,440	19.7	13.1	28
1969	...	293,210	20.3	13.3	29

**Table 3** *Deaths of Babies Born at Home or the General Practitioner Unit and Dying in First Week of Life*

No.	Month	Social Class	Age of Mother	Preg. No.	Weight of baby lbs. — ozs.	Age of baby	Cause of death on certificate
<b>Born and died at home</b>							
1	September	5	25	4	2 — 8	5 mins	1a Prematurity
2	December	4	24	5	2 — 9	2 hours	1a Pulmonary Atelectasis b Prematurity
<b>Born at home—died in hospital</b>							
3	January	4	37	1	1 — 4	18 hours	1a Prematurity
4	February	3	19	1	4 — 9	4 days	1a Pulmonary haemorrhage 11 Hypoglycaemia
5	August	5	19	1	1 — 15	10 hours	1a Prematurity
6	October	3	21	2	4 — 5½	1 day	1a Peritonitis b Exomphalos
7	October	4	22	2	2 — 2¾	3 days	1a Respiratory Distress b Syndrome b Prematurity
<b>Born at home—Died in Special Care Unit, Bradford Royal Infirmary</b>							
8	July	4	17	2	N.W.	9 hours	1a Prematurity (Twin I)
9	July	4	17	2	N.W.	9 hours	1a Prematurity (Twin II)
10	July	2	18	1	2 — 1	1 day	1a Respiratory Failure b Respiratory Distress c Prematurity
<b>Born General Practitioner Unit—Died Special Care Unit</b>							
11	February	5	29	2	5 — 10	15 mins	1a Asphyxia Neonatorum
12	February	3	20	1	6 — 3	10 mins	1a Asphyxia
13	December	3	19	1	4 — 6	2 days	1a Gangrene of the bowel b Exomphalos

**Table 4**     *Social Class of 1969 Births (Total live and still but excluding 193 transfers in)*

Place of Birth	Social Class					No Occupation	Total
	1	2	3	4	5		
B.R.I G.P. Unit	16	52	479	156	232	—	935
B.R.I Con. Unit	33	100	890	333	417	7	1,780
Duke of York Home	11	9	10	—	—	—	30
St. Luke's Hospital	24	101	1,111	431	373	7	2,047
Domiciliary	16	45	459	122	148	3	793
	100	307	2,949	1,042	1,170	17	5,585
1968	79	375	2,658	994	998	267	5,371

**Table 5**     *Domiciliary and General Practitioner Unit Stillbirths occurring in 1969*

No.	Month	Social Class	Age Group of Mother	Preg-nancy No.	Gesta-tion (weeks)	Wt. of baby lbs.—ozs.	Sex	Known Factors
1	January	3	20—24	2	42	7 — 0	M	Post-mature B.B.A.
2	February	5	Under-20	1		3 — 8		
3	June	3	20—24	1	28	2 — 2	F	B.B.A.
4	June	5	35—39	12	32	2 — 0	F	Anencephalic
5	July	4	25—29	2	39	5 —10	F	
6	August	4	20—24	2	32	2 —12	M	Macerated B.B.A.
7	August	5	Under-20	1		6 —12	M	Breech B.B.A. Unbooked case
8	November	5	35—39	6		6 — 0	F	B.B.A. Booked for hospital
<b>General Practitioner Unit</b>								
9	April	3	30—34	2	42	7 —11¼	F	Macerated Congenital heart on post-mortem examination



**Table 6** *Neonatal Deaths in Premature Live Births, with Details of Premature Stillbirths, Bradford, 1968 and 1969*

Birth Weight Group	Year	Prem. Stillbirths	% each Weight Group	Prem. Live Births	% each Weight Group	DIED			Total Deaths
						Within 24 hrs. of birth	In 1 and under 7 days	In 7 and under 28 days	
Up to and including 3 lbs. 4 ozs. (1,500 g)	1968	24	50.0	56	11.0	32	8	1	41
	1969	21	58.3	54	9.8	30	8	—	38
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (2,000 g)	1968	12	25.0	94	18.5	10	3	1	14
	1969	9	25.0	99	17.9	9	11	—	20
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,250 g)	1968	4	8.5	103	20.25	1	2	—	3
	1969	4	11.1	126	22.8	2	2	1	5
Over 4 lbs. 15 ozs. up to and including 5 lbs 8 ozs. (2,500 g)	1968	8	16.5	255	50.25	1	3	1	5
	1969	2	5.6	273	49.5	1	1	2	4
Total	1968	48		508		44	16	3	63
	1969	36		552		42	23	3	67

**Table 7**     *Premature Live and Stillbirths, Bradford, 1959—1969*

Year	Premature births	Live births	Still- births	Stillbirths as a percentage of all Premature births	All Premature births as a percentage of total births
1959	475	405	70	14.7	9.1
1960	509	444	65	12.8	9.1
1961	530	440	90	17.0	9.3
1962	530	463	67	12.6	9.1
1963	532	477	55	10.3	9.1
1964	554	488	66	11.9	9.4
1965	566	517	49	8.7	9.8
1966	604	531	73	12.1	10.9
1967	561	499	62	11.5	9.8
1968	556	508	48	8.6	9.9
1969	588	552	36	6.1	10.1

**Table 8**     *Statistics relating to Illegitimate Births during 1969*

Number of mothers	...	...	...	...	...	...	...	...	654
Number of babies	...	...	...	...	...	...	...	...	660
Gravida 1	...	...	...	...	...	...	...	...	285
Gravida 2	..	..	...	...	...	...	...	...	121
Gravida 3	...	...	...	...	...	...	...	...	88
Gravida 4	...	...	...	...	..	...	...	..	60
Gravida 5+	..	...	..	...	...	...	...	...	100
Marital Status									
Married	...	...	...	...	...	...	...	...	7
Single	...	...	..	...	...	..	...	...	445
Widowed	...	...	...	..	...	...	...	...	10
Divorced	...	...	...	...	...	...	...	...	42
Separated	...	...	...	..	...	...	...	...	139
Not Known	...	...	...	...	...	...	..	...	11
Age Groups									
13 years	...	...	...	...	...	...	...	...	—
14 years	...	...	...	...	...	...	...	...	3
15 years	...	...	...	...	...	...	...	...	14
16 years	...	...	...	...	...	...	...	...	18
17 years	...	...	...	...	...	...	...	...	48
18 years	...	...	...	...	...	...	...	...	54
19 years	...	...	...	..	...	...	...	..	49
20 years	...	...	...	...	...	...	...	...	67
21—30 years	...	...	...	...	...	...	...	...	298
31—40 years	...	...	...	...	...	..	...	...	89
Over 40	...	...	...	...	..	...	...	..	14
Not Known	...	...	...	...	...	...	...	...	—
Fate of Illegitimate Babies									
Baby adopted	...	...	...	...	...	..	...	...	59
In care of L.A.	...	...	...	...	...	...	...	...	19
Baby with mother	...	...	...	...	...	...	...	...	112
Baby with mother and her parents	...	...	...	...	...	...	...	...	129
Baby with grandparents; mother died	...	..	...	...	...	...	...	...	1
Mother married subsequently	...	...	...	...	...	...	...	...	31
*Mother co-habiting	...	...	...	...	...	..	...	...	282
Babies died	...	...	...	...	...	...	...	...	21
Babies stillborn	...	...	...	...	...	...	...	...	6
Nationality of Mother									
British	...	...	...	...	...	...	...	...	607
West Indian	...	...	...	...	...	...	...	...	34
Asian	...	...	...	...	...	..	...	...	6
Other	...	...	...	...	...	...	...	...	7

(\*in stable union 112, with putative father 161, others 9)

**Table 9**     *Oakwell House Mother and Baby Home. Statistical Report, 1969*

Total numbers of mothers in the Home during the year						80	
Admissions							
Ante-natal						49	
Post-natal						31	
Average duration of stay in days							
Ante-natal						39	
Post-natal						14	
Total number of days, ante-natal and post-natal, in the year						2,581	
Age Group (years)	14	15	16	17-20	21-30	31-40	Over 40
Number	2	8	3	41	21	3	2
Civil State	Single	Married	Separated		Divorced	Widowed	
Number	75	1	2		2	—	
Babies :							
Total number in the Home during the year						83	
Medical cases without their mothers						10	
Placed for adoption straight from Oakwell House						10	
Placed with foster parents at the end of ten days pending adoption						30	
Kept by their mothers						29	
Taken into the care of the Local Authority						—	
Still in the Home on 31/12/69						4	

**Table 10** *Analysis of Infant Deaths, Bradford, 1964—1969 (according to Departmental Records)*

Cause of Death	AGE AT DEATH						Cause of Death	
	1964	1965	1966	1967	1968	1969	1964	1969
Prematurity*	4	14	21	6	13	13	—	—
	6	5	9	3	3	2	3	3
	—	1	—	—	1	—	5	1
	1	—	—	—	—	—	—	2
	—	—	—	—	—	—	—	2
	—	—	—	—	—	—	—	2
	11	20	30	9	17	15	8	8
	—	—	—	—	—	—	28	32
	—	—	—	—	—	—	16	13
	—	—	—	—	—	—	7	6
Infections	—	—	—	—	—	—	3	3
	11	20	30	9	17	15	8	8
	6.87	14.19	18.41	5.49	10.69	9.26	62	62
	1.89	3.54	5.49	1.60	3.08	2.63	38.76	38.26
	—	—	—	—	—	—	10.64	10.88
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
Congenital Malformation	8	3	1	6	3	8	—	—
	6	5	4	4	5	11	—	—
	1	—	—	2	—	1	—	—
	—	—	1	2	1	—	—	—
	—	2	—	1	—	1	—	—
	15	10	6	15	9	21	—	—
	5	2	1	5	3	7	3	2
	2	2	—	5	—	1	2	—
	—	1	—	1	—	—	—	—
	—	—	—	—	2	2	—	—
Accidental Deaths	22	15	7	26	14	31	5	1
	13.75	10.64	4.29	15.86	8.80	19.14	3.12	0.61
	3.79	2.65	1.28	4.61	2.53	5.44	0.86	0.18
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—

\*Some premature infant deaths are coded under other headings.

Table 11 gives a detailed analysis of all premature deaths.



Table 10 continued

Birth Injuries and Atelectasis including hyaline membrane disease and respiratory failure										Other Causes									
28	23	35	35	36	30	Under 1 day				3	1	3	2	2	—				
20	20	17	12	20	16	1-7 days				3	2	4	6	8	4				
1	—	—	1	—	—	1-2 weeks				—	—	—	1	—	1				
—	—	—	1	—	—	2-3 weeks				—	—	—	—	—	—				
1	—	—	—	—	—	3-4 weeks				—	—	—	—	—	—				
50	43	52	49	56	46	Total under 1 month				6	3	7	9	10	5				
—	—	1	—	2	—	1-3 months				1	1	2	2	—	1				
—	—	—	—	—	—	4-6 months				1	1	2	1	1	—				
—	—	—	—	—	—	7-9 months				2	—	1	1	1	1				
—	—	—	—	—	—	10-12 months				—	—	—	—	—	—				
50	43	53	49	58	46	Total under 1 year				10	5	12	13	12	7				
31.25	30.50	32.52	29.88	36.48	28.41	% of total infant deaths				6.25	3.54	7.36	7.92	7.55	4.32				
9.61	7.61	9.7	8.70	10.49	8.07	Rate per 1,000 live births				1.73	0.88	2.20	2.31	2.17	1.23				
83	78	90	84	89	92	Total under 1 year				77	63	73	80	70	70				
Year																			
Total infant deaths										1964 1965 1966 1967 1968 1969									
Rate per 1,000 live births										... 160 141 163 164 159 162									
Peri-natal mortality rate										... 27.53 24.95 29.85 29.12 28.73 28.4									
Neo-natal mortality rate										... 31.60 28.06 35.26 30.35 29.90 26.82									
Stillbirth rate										... 15.48 15.22 18.68 15.81 18.49 16.68									
										... 17.91 14.79 17.81 17.27 14.51 12.46									

**Table 11**    *Analysis of Total Premature Infant Deaths, 1969*

Associated Condition	Age					Total
	Under 1 day	1—7 days	1—2 weeks	2—3 weeks	3—4 weeks	
Anencephaly, meningomyelocele	1	—	—	—	—	1
Cerebral haemorrhage	1	—	—	—	—	1
Atelectasis	11	—	—	—	—	11
Pneumonia	1	—	—	—	—	1
Rh incompatibility	1	—	—	—	—	1
Respiratory distress syndrome	9	10	—	—	—	19
Cerebral anoxia	1	—	—	—	—	1
Unqualified	12	1	1	—	—	14
	37	11	1	—	—	49

**Table 12**    *Deaths of Infants under 1 Year of Age from Stated Causes during 1969 (according to Departmental Records)*

International List No.		
340	Meningitis, except meningococcal and tuberculous ...	1
353	Epilepsy .. ...	1
491	Bronchopneumonia ... ..	41
500	Acute bronchitis ... ..	5
560	Hernia of abdominal cavity without mention of obstruction ... ..	2
561	Hernia of abdominal cavity with obstruction ... ..	1
571	Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over ... ..	6
750	Monstrosity ... ..	1
751	Spina bifida and meningocele ... ..	3
752	Congenital hydrocephalus ... ..	3
753	Other congenital malformations of nervous system and sense organs ... ..	1
754	Congenital malformations of circulatory system ...	13
756	Congenital malformations of digestive system ...	4
757	Congenital malformations of genito-urinary system ...	2
758	Congenital malformations of bone and joint ...	1
759	Other and unspecified congenital malformations, not elsewhere classified ... ..	3
760	Intracranial and spinal injury at birth ... ..	7
762	Post-natal asphyxia and atelectasis ... ..	15
763	Pneumonia of newborn ... ..	5
764	Diarrhoea of newborn ... ..	1
770	Haemolytic disease of newborn (erythroblastosis) ...	1
771	Haemorrhagic disease of newborn ... ..	1
773	Ill-defined diseases peculiar to early infancy ...	28
774	Immaturity, with mention of any other subsidiary condition ... ..	1
775	Immaturity, subsidiary to some other cause ...	1
776	Immaturity, unqualified ... ..	13
E878	Accidental poisoning by other and unspecified drugs ...	1
		162

**Table 13** *Attendances at Child Welfare Clinics during 1969*

Clinic	Day of attendance	Time of attendance	Attendances during year
*Central, Edmund St.	Monday, Tuesday and Thursday	Morning and Afternoon	7,254
Albion Road	Alternate Tuesdays	Afternoon	828
Allerton	Monday and Friday	Afternoon	2,703
Bierley	Thursday	Afternoon	1,165
Bolton	Friday	Afternoon	2,053
Bolton Woods	Tuesday (Monthly)	Afternoon	224
Brownroyd	Tuesday	Afternoon	1,313
Buttershaw	Monday	Afternoon	1,577
Clayton	Alternate Wednesdays	Afternoon	784
Eccleshill	Monday	Afternoon	1,810
Green Lane	Monday, Tuesday and Thursday	Morning and Afternoon	7,656
Haworth Road	Alternate Wednesdays	Morning and Afternoon	2,357
High Street, Idle	Alternate Wednesdays	Afternoon	1,121
Holmewood	Tuesday	Afternoon	2,111
Lapage Street	Monday and Thursday	Afternoon	3,910
Lidget Green	Alternate Wednesdays	Afternoon	935
New Cross Street	Friday	Afternoon	2,265
Oakenshaw	Alternative Tuesdays	Afternoon	351
Odsal	Thursday	Afternoon	2,815
Otley Road	Wednesday	Afternoon	2,227
Saint Street	Monday and Tuesday	Morning and Afternoon	2,117
Thornton	Alternate Tuesdays	Afternoon	1,019
Usher Street	Wednesday	Afternoon	1,444
Woodside	Wednesday	Afternoon	1,442
Wrose	Alternate Thursdays	Morning	696
Wyke	Friday	Afternoon	2,214
*Total includes attendances at Vaccination Clinic			54,751

**Table 14**    *Record of Health Visitors' Work during 1969*

						First visits	Subsequent visits
Home visits to children :							
Born in 1969	...	..	...	...	...	5,651	16,710
Born in 1968	...	...	...	...	...	5,675	16,764
Born 1964—1967	...	...	...	...	...	14,960	30,781
Totals	...	...	...	...	...	26,286	64,255
Other visits to:							
Elderly persons	...	...	...	...	...	3,035	3,908
Diabetic cases	...	...	...	...	...	741	2,728
Child minders	...	...	...	...	...	327	376
Chronic sick persons	...	...	...	...	...	190	156
Cases of venereal disease	...	...	...	...	...	440	1,382
Tuberculosis households	...	...	...	...	...	1,172	1,984
Households with other infectious diseases	...	...	...	...	...	3,670	4,963
Immigrants	...	...	...	...	...	5,071	10,578
Children of mixed unions (not included under "immigrants")	...	...	...	...	...	474	1,023
						Number of visits	
Persons discharged from hospital	...	...	...	...	...	352	
Play groups	...	...	...	...	...	134	
Other home visits	...	...	...	...	...	6,622	
"No access" visits	...	...	...	...	...	20,590	
Other duties:						Number	
Child welfare centre sessions	...	...	...	...	...	1,665	
Other clinic sessions	...	...	...	...	...	1,052	
Mothercraft classes	...	...	...	...	...	421	
Hospital sessions	...	...	...	...	...	361	
Health education sessions	...	...	...	...	...	65	

Table 15 Location of School Clinics, and Services Offered during 1969

Clinic	Address	School Medical Inspection	Minor Ailment Clinic	Dental Clinic	Physiotherapy	Speech Therapy	Ophthalmic Clinic	Vaccination and Immunisation	General Practitioner Unit	Chiropody	Home Help Service	District Nurse	Ante-natal Clinic	Infant Welfare Clinic	Mothercraft Class	Relaxation Class	Welfare Foods
CENTRAL SCHOOL CLINIC	28a Manor Row	*	*	*	*	*	*	*	*	*		*	*	*	*	*	*
†ALLERTON	Wanstead Crescent	*	*	*		*		*		*	*		*	*	*	*	*
†ECCLESHILL	Rillington Mead	*	*	*	*	*		*		*	*	*	*	*	*	*	*
Albion Road	70 Albion Road	*	*	*				*					*	*	*	*	*
†GREEN LANE	20 Green Lane	*	*		*		*	*		*	*	*	*	*	*	*	*
†HOLMEWOOD	Dulverton Grove	*	*	*	*			*	*	*	*	*	*	*	*	*	*
Bierley	15 Dunsford Avenue	*	*			*		*		*	*	*	*	*	*	*	*
Usher Street	18 Usher Street	*	*					*					*	*	*	*	*
†LAPAGE STREET	Carrington Street	*	*					*		*			*	*	*	*	*
Otley Road	40/42 Otley Road	*	*					*		*		*	*	*	*	*	*
†ODSAL	55 Odsal Road	*	*	*	*	*		*		*	*	*	*	*	*	*	*
Buttershaw	50 Reevy Road West		*			*		*		*	*	*	*	*	*	*	*
Woodside	Eaglesfield Drive		*					*		*		*	*	*	*	*	*
Wyke	Worthinghead Road		*					*		*			*	*	*	*	*
†SAINT STREET	Saint Street	*	*	*				*		*	*		*	*	*	*	*
†CENTRAL C.W.C.	26 Edmund Street	*	*	*				*		*	*		*	*	*	*	*

† main centre



**Table 16**    *School Health Service. Record of Work carried out by Health Visitors and Nurses, 1969*

Number of Home Visits:	
In connection with head infestation and general hygiene	616
To follow up defects found	269
For hospital after-care	27
	<hr/>
TOTAL	917
Number of School Visits:	
For inspection for head infestation and hygiene	7,713
For preparation, weighing, measuring, vision testing, etc.	2,745
For B.C.G. preparation and Heaf Gun testing	44
	<hr/>
TOTAL	10,502
Number of Personal Inspections in Schools:	
For head infestation and hygiene	130,246
For preparation, weighing, measuring, vision testing, B.C.G. preparation and Heaf Gun testing, etc.	47,846
	<hr/>
TOTAL	178,092
Defects discovered:	
Uncleanliness of body	Nil
Ringworm	10
Scabies	138
Impetigo	148
Inflammatory eye conditions	78
Defective vision	983
Squint	66
Otorrhoea	21
Infectious diseases	15
Other conditions	194
	<hr/>
TOTAL	1,653

**Table 17**    *Special Educational Treatment. Bradford Children accommodated in Schools not maintained by the Authority, 1969*

Handicap					Boys	Girls
E.S.N.	...	...	...	...	18	16
Maladjusted	...	...	...	...	13	3
Delicate	...	...	...	...	3	—
Epileptic	...	...	...	...	2	1
Deaf	...	...	...	...	7	5
Blind	...	...	...	...	4	1
Partially sighted	...	...	...	...	—	2
Physically handicapped	...	...	...	...	7	7
					<hr/>	<hr/>
					54	35
					<hr/>	
					89	

The 89 children were accommodated in 49 different schools in all parts of the country, and in 1 school abroad.

**Table 18**    *School Health Service. Medical Inspection and Treatment Returns, 1969*

**A. Periodic Medical Inspections**

Age Groups Inspected (By year of birth) (1)	No. of Pupils who received a full medical examination (2)	Physical Condition of Pupils (Inspected)		No. of Pupils found not to warrant a medical examination (5)
		No. Satisfactory (3)	No. Unsatisfactory (4)	
1965 and later	950	950	—	—
1964	2,256	2,253	3	5
1963	3,020	3,006	14	29
1962	835	833	2	16
1961	164	162	2	3
1960	62	61	1	4
1959	58	58	—	2
1958	71	70	1	6
1957	58	56	2	7
1956	44	43	1	10
1955	45	45	—	6
1954 and earlier	232	230	2	2
Total	7,795	7,767	28	90
Column (3) total as a percentage of Column (2) total	...	...	...	99.64
Column (4) total as a percentage of Column (2) total	...	...	...	0.36

Table 18 continued

**B. Pupils found to require Treatment at Periodic Medical Inspections**  
(excluding dental diseases and vermin infestation)

Age Groups Inspected  (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded at E below	Total Individual Pupils
1965 and later	7	9	66
1964	99	97	301
1963	98	186	442
1962	21	56	95
1961	9	18	26
1960	—	1	7
1959	—	—	6
1958	—	—	8
1957	—	—	5
1956	—	2	6
1955	—	—	3
1954 and earlier	5	11	16
Total	239	380	981

**C. Other Inspections**

Number of Special Inspections	...	...	5,941
Number of Re-inspections	...	...	3,913
Total	...	...	9,854

(Note: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection).

**D. Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	135,976
(b) Total number of individual pupils found to be infested	...	...	...	...	4,310
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	—

(Note: All cases of infestation, however slight, are included.

The number recorded at (b) relates to individual pupils and not to instances of infestation).

Table 18 continued

**E. Defects found by Periodic and Special Medical Inspections during 1969**

Defect Code No.	Defect or Disease				Periodic Inspections				Special Inspections
					Entrants	Leavers	Others	Total	
4	Skin	...	...	...	73	1	35	109	387
				O	390	5	47	442	45
5	Eyes								
	(a) Vision	...	...	T	195	6	8	209	49
				O	335	26	31	392	46
	(b) Squint	...	...	T	112	—	16	128	10
				O	71	—	43	114	10
	(c) Other	...	...	T	43	—	7	50	50
				O	31	—	14	45	41
6	Ears								
	(a) Hearing	...	...	T	59	2	4	65	54
				O	92	—	15	107	47
	(b) Otitis Media	...	...	T	69	3	4	76	19
				O	272	—	52	324	17
	(c) Other	...	...	T	46	1	3	50	42
				O	141	—	17	158	36
7	Nose and Throat	...	...	T	164	—	9	173	67
				O	825	1	135	961	64
8	Speech	...	...	T	85	—	6	91	19
				O	175	—	29	204	17
9	Lymphatic Glands	...	...	T	35	—	—	35	8
				O	161	—	9	170	8
10	Heart	...	...	T	1	—	1	2	11
				O	118	—	23	141	9
11	Lungs	...	...	T	11	—	4	15	55
				O	163	—	32	195	48
12	Developmental								
	(a) Hernia	...	...	T	22	—	2	24	5
				O	83	1	8	92	5
	(b) Other	...	...	T	22	2	—	24	22
				O	198	6	38	242	18
13	Orthopaedic								
	(a) Posture	...	...	T	4	—	2	6	16
				O	17	—	14	31	12
	(b) Feet	...	...	T	31	—	3	34	54
				O	187	3	35	225	43
	(c) Other	...	...	T	32	—	20	52	40
				O	130	2	68	200	38
14	Nervous System								
	(a) Epilepsy	...	...	T	3	—	3	6	3
				O	28	1	8	27	3
	(b) Other	...	...	T	27	—	2	29	9
				O	99	—	14	113	9
15	Psychological								
	(a) Development	...	...	T	11	—	3	14	277
				O	157	—	66	223	265
	(b) Stability	...	...	T	47	—	4	51	187
				O	497	—	52	549	338
16	Abdomen	...	...	T	7	—	1	8	10
				O	71	1	31	103	10
17	Other	...	...	T	12	—	2	14	1,773
				O	70	2	9	81	211

T—requiring treatment

O—requiring observation

**F. Treatment of Pupils**

Note: This section gives the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;

Table 18 continued

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

<u>(a) Eye Diseases, Defective Vision and Squint</u>						Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint						206
Errors of refraction (including squint) ... ..						2,989
Total ... ..						3,195
Number of pupils for whom spectacles were prescribed ...						844
<u>(b) Diseases and Defects of Ear, Nose and Throat</u>						Number of cases known to have been dealt with
Received operative treatment:						
(a) for diseases of the ear ... ..						138
(b) for adenoids and chronic tonsillitis ... ..						1,613
(c) for other nose and throat conditions ... ..						196
Received other forms of treatment ... ..						118
Total ... ..						2,065
Total number of pupils in schools who are known to have been provided with hearing aids:						
(a) in 1969 ... ..						13
(b) in previous years ... ..						167
(Note: A pupil recorded under (a) is not recorded at (b) in respect of the supply of a hearing aid in a previous year).						
<u>(c) Orthopaedic and Postural Defects</u>						Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...						154
(b) Pupils treated at schools for postural defects ... ..						109
Total ... ..						263
<u>(d) Diseases of the Skin</u>						Number of cases known to have been treated
(Excluding uncleanliness, for which see Table D)						
Ringworm—(a) Scalp ... ..						20
(b) Body ... ..						8
Scabies ... ..						227
Impetigo ... ..						791
Other skin diseases ... ..						2,647
Total ... ..						3,693
<u>(e) Child Guidance Treatment</u>						Number of cases known to have been treated
Pupils treated at Child Guidance clinics ... ..						384
<u>(f) Speech Therapy</u>						Number of cases known to have been treated
Pupils treated by speech therapists ... ..						563
<u>(g) Other Treatments Given</u>						Number of cases known to have been dealt with
(i) Pupils with minor ailments ... ..						3,177
(ii) Pupils who received convalescent treatment under School Health Service arrangements ... ..						369
(iii) Pupils who received B.C.G. vaccination ... ..						2,453
(iv) Pupils treated by chiropodist ... ..						773
(v) Bowel infestations in immigrants ... ..						238
(vi) Other defects and diseases ... ..						249
Total (i) to (vi) ... ..						7,259



**Table 19** *School Dental Service, Statistics, 1969*

Attendances and Treatment					Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit	...	...	...	...	4,949	4,527	980	10,456
Subsequent visits	...	...	...	...	2,357	6,660	1,695	10,712
Total visits	...	...	...	...	7,306	11,187	2,675	21,168
Additional courses of treatment commenced					410	657	102	1,169
Fillings in permanent teeth	...	...	...	...	2,774	7,878	2,430	13,082
Fillings in deciduous teeth	...	...	...	...	1,864	520	—	2,384
Permanent teeth filled	...	...	...	...	2,252	6,825	2,126	11,203
Deciduous teeth filled	...	...	...	...	1,620	478	—	2,098
Permanent teeth extracted	...	...	...	...	327	2,016	515	2,858
Deciduous teeth extracted	...	...	...	...	4,291	2,493	—	6,784
General anaesthetics	...	...	...	...	2,091	1,627	250	3,968
Emergencies	...	...	...	...	290	282	59	631
Number of pupils X-rayed	...	...	...	...	...	...	...	828
Prophylaxis	...	...	...	...	...	...	...	5,071
Teeth otherwise conserved	...	...	...	...	...	...	...	69
Number of teeth root filled	...	...	...	...	...	...	...	59
Inlays	...	...	...	...	...	...	...	5
Crowns	...	...	...	...	...	...	...	86
Courses of treatment completed	...	...	...	...	...	...	...	8,842
Orthodontics								
Cases remaining from previous year						...	43	
New cases commenced during year						...	79	
Cases completed during year						...	115	
Cases discontinued during year						...	7	
No. of removable appliances fitted						...	142	
No. of fixed appliances fitted						...	3	
Pupils referred to Hospital Consultant						...	312	
Prosthetics—								
Pupils supplied with F.U. or F.L. (first time)	...	...	...	...	5-9	10-14	15 and over	Total
	...	...	...	...	—	—	3	3
Pupils supplied with other dentures (first time)					6	56	15	77
Number of dentures supplied					10	70	26	106
Anaesthetics—								
General anaesthetics administered by Dental Officers					...	...	...	1,200
Inspections—								
(a) First inspection at school. Number of pupils					...	...	...	22,213
(b) First inspection at clinic. Number of pupils					...	...	...	9,313
Number of (a) + (b) found to require treatment					...	...	...	17,714
Number of (a) + (b) offered treatment					...	...	...	13,527
(c) Pupils re-inspected at school clinic					...	...	...	1,903
Number of (c) found to require treatment					...	...	...	1,804
Sessions—								
Sessions devoted to treatment					...	...	3,614 (includes G.A.)	
Sessions devoted to inspection					...	...	145	
Sessions devoted to Dental Health Education					...	...	122	

**Table 20** *Dental Services for Expectant and Nursing Mothers and Children under 5, during 1969*

A. Attendances and Treatment

	Children 0—4 (incl.)	Expectant and Nursing Mothers
First visit ... ..	487	184
Subsequent visits ... ..	100	186
Total visits .. ..	587	370
Additional courses of treatment commenced ...	67	10
Number of fillings ... ..	429	226
Teeth filled ... ..	403	204
Teeth extracted ... ..	722	238
General anaesthetics given ... ..	438	33
Emergency visits by patients ... ..	30	10
Patients X-rayed ... ..	6	10
Prophylaxis ... ..	320	80
Teeth otherwise conserved ... ..	62	—
Teeth root filled ... ..	—	1
Inlays ... ..	—	—
Crowns ... ..	—	2
Courses of treatment completed ... ..	420	120

B. Prosthetics

Patients supplied with F.U. or F.L. (first time) ...	10
Patients supplied with other dentures ...	6
Number of dentures supplied ... ..	36

C. Anaesthetics

General anaesthetics administered by Dental Officers—84 children—2 mothers

D. Inspections

	Children 0—4 (incl.)	Expectant and Nursing Mothers
Number of patients given first inspections during year ... ..	499	190
Number of patients in A and D who required treatment ... ..	487	174
Number of patients in A and D above who were offered treatment ... ..	486	171

E. Sessions

Sessions devoted to treatment ... ..	8
Sessions devoted to Dental Health Education ...	160

**Table 21** *Mental Health Service. Number of Patients referred to us during 1969*

	Under 16 M	16 F	16 and over M	over F	Total	Mentally Ill	Subnormal or severely Subnormal
(a) By General Practitioners	1	—	13	22	36	36	—
(b) By hospitals	6	—	159	268	433	427	6
(c) By the Local Education Authority	10	13	4	12	39	—	39
(d) By police or courts	—	—	1	1	2	1	1
(e) From other sources	4	4	15	15	38	22	16
Totals	21	17	192	318	548	486	62

(Referrals made for the purpose of obtaining admission to hospital are not included).

**Table 22** *Mental Health Service. Number of Patients provided with Care in the Community at December 1969*

	Resident/ Attendees 1.1.69	Admissions during 1969	Discharges during 1969	Resident/ Attendees 31.12.69
Junior Training Centre ... ..	191	42	52	181
Adult Training Centre ... ..	112	97	56	153
Wedgwood House ... ..	61	23	23	61
Thornlea Residential Unit ... ..	9	233	231	11
Listonshiels ... ..	24	19	18	25
Glenholme ... ..	27	48	48	27
Persons receiving Home Visits and not included above				
	Under 16 M	F	16 and over M	F
Mentally ill ... ..	—	—	171	372
Elderly } infirm ... ..	—	—	20	93
Mentally } infirm ... ..	—	—	20	11
Psychopathic ... ..	3	2	140	121
Subnormal ... ..	22	14	12	39
Severely subnormal ... ..	22	14	12	39
Totals ... ..	25	16	363	636

**Table 23**    *Mental Health Service. Patients admitted to Psychiatric Hospital under the Mental Health Act 1959, during 1969*

	Under 16		16 and Over		Total
	M	F	M	F	
(a) Under Section 5 (informal)	11	12	226	329	578
(b) Under Section 25 (observation)	—	—	14	45	59
(c) Under Section 26 (treatment)	—	—	3	3	6
(d) Under Section 29 (emergency)	2	3	80	109	194
(e) Under Section 60 (hospital order)	—	—	4	2	6
(f) Under Section 41 (guardianship to hospital)	—	—	—	—	—
Total	13	15	327	488	843

**Table 24**    *Child Guidance Clinic, 1969*

Summary of sources of referral of children to the Clinic during 1969						
School Health Service	...	...	...	...	...	83
General Practitioners	...	...	...	...	...	36
Children's Department	...	...	...	...	...	24
Parents	...	...	...	...	...	55
Probation Officers	...	...	...	...	...	22
Education Department and Schools	...	...	...	...	...	97
Juvenile Liaison Officers	...	...	...	...	...	14
School Psychological Service	...	...	...	...	...	43
Child Welfare Department	...	...	...	...	...	9
Consultants	...	...	...	...	...	7
Other agencies	...	...	...	...	...	5
						395

**Table 25** *Home Nursing Service. Analysis of Cases dealt with and Number of Visits made during 1969*

Old cases (brought forward from 1968)	Classification of cases:		Cases sent in by:		Summary of Diseases:		223
	Medical ...	3,970	General Practitioners	3,634	Tuberculosis ...	...	...
	Surgical ...	1,481	Hospitals ...	1,892	Other infectious diseases	...	24
	Infectious diseases	24	Public Health Dept.	185	Parasitic diseases	...	2
	Tuberculosis ...	223	Others ...	215	Malignant and lymphatic neoplasms	...	516
	Maternal complications	136			Asthma ...	...	36
	Others ...	92			Diabetes Mellitus	...	87
					Anaemia	...	969
					Vascular lesions affecting the central nervous system	...	405
					Other mental and nervous diseases	...	223
Total cases (b)	(b)		(b)	5,926	Diseases of the eye and ear	...	112
					Diseases of the heart and arteries	...	330
					Diseases of the veins	...	227
					Upper respiratory diseases	...	24
					Other respiratory diseases	...	297
					Diseases of the digestive system	...	583
					Diseases of the urinary system and male genital organs	...	258
					Diseases of the breast and female genital organs	...	114
					Complications of pregnancy and the puerperium	...	136
					Diseases of the skin and subcutaneous tissue	...	403
Discharges (c)	Classification of Discharges:		Summary of treatments:		Diseases of bone, joints and muscle		...
	Convalescent ...	1,937	Injectons	...	1,906	Injuries ...	...
	Died ...	464	Bed baths	...	653	Senility ...	...
	Transferred to hospital	1,071	Enematas	...	258	Diseases not specified	...
	Other causes ...	912	Dressings	...	1,553		...
			Changing of pessaries	...	37		...
			Washouts, douches, catheters, etc.	...	62		...
			General nursing care	...	934		...
			Preparation for diagnostic purposes	...	3		...
			More than one type of treatment	...	407		...
Total visits (d)	Classification of Visits:		Installation of drops, etc.				...
	Medical ...	105,270					...
	Surgical ...	33,923					...
	Infectious diseases	316					...
	Tuberculosis ...	10,665					...
	Maternal complications	1,112					...
	Others ...	1,648					...
							...
							...
							...
Total visits (d)	(d)		(b)	5,926			...
							...
							...
							...
							...
							...
							...
							...
							...
							...



**Table 26**    *Supply of Milk, free of charge, to persons suffering from Tuberculosis, 1967, 1968 and 1969*

	1967	1968	1969
Number of patients suffering from tuberculosis who were recommended for free milk by the Senior Chest Physician during the year ... ..	14	16	13
Number of patients receiving free milk at end of year ... ..	60	48	43
Average number of pints per week ... ..	746	678	611
Average weekly cost to the Corporation during the whole year ... ..	£29.5.11	£27.10.2	£25.15.0
Average weekly cost to the Corporation during December ... ..	£29.2.2	£26.1.10	£26.6.1

**Table 27**    *Chiropody Service. Treatments in 1969*

	No. of Patients First Treatment	Second and Subsequent Treatments	Total
Clinics and Handicapped Persons' Centre (2,615 sessions) ... ..	4,278	18,545	22,823
Domiciliary Visits ... ..	2,537	7,734	10,271
School Clinic, Manor Row ... ..	464	1,713	2,177
Totals ... ..	7,279	27,992	35,271

No. of individual patients receiving treatment during 1969:

- 3 expectant mothers
- 467 children under 15
- 255 handicapped persons
- 6,554 elderly citizens

**Table 28** *Home Help Service, New Applications, Cases Helped, etc.*  
1965—1969

New applications were received in respect of:

	1965	1966	1967	1968	1969
General and chronic sickness cases ...	306	293	290	239	182
Old people ... ..	1,099	1,108	1,105	1,185	1,218
Tuberculosis cases ... ..	5	2	2	—	2
Blind persons ... ..	27	25	16	23	5
Maternity cases ... ..	441	422	405	344	226
Totals ...	1,878	1,850	1,818	1,791	1,633

Number of new cases where help was given:

General and chronic sickness cases ...	248	255	252	215	154
Old people ... ..	927	962	999	1,101	1,123
Tuberculosis cases ... ..	4	2	2	—	2
Blind persons ... ..	23	25	16	22	4
Maternity cases ... ..	346	325	297	245	160
Totals ...	1,548	1,569	1,566	1,583	1,443

Cases carried forward from previous year

	2,226	2,117	2,933	2,671	2,761
--	-------	-------	-------	-------	-------

Total cases dealt with in year ... ..

Number of new cases attended in respect of which no charge was made:

General and chronic sickness cases ...	94	119	121	93	82
Old people ... ..	654	669	761	899	939
Tuberculosis cases ... ..	4	1	2	—	1
Blind persons ... ..	17	16	14	15	4
Maternity cases ... ..	51	54	61	52	28
Totals ...	820	859	959	1,059	1,054

Number of new cases (1969) in respect of which a charge was made:

General and chronic sickness cases ...	73
Old people ... ..	184
Tuberculosis cases ... ..	1
Blind persons ... ..	—
Maternity cases ... ..	132
Total ...	390

**Table 29**    *Ambulance Service. Patients, Mileage, etc., 1948—1969*

Year	PATIENTS			MILEAGE		
	Number Carried	% increase on previous year	Miles Travelled	% increase on previous year	Average Miles per patient	
1948	24,059	—	147,451	—	6.5	
1953	107,660	15.0	347,960	12.3	3.2	
1958	137,529	0.2	404,218	1.3(decrease)	2.9	
1960	163,411	12.6	495,831	13.1	3.0	
1961	175,467	7.4	505,979	2.0	2.9	
1962	198,673	13.2	516,761	2.1	2.6	
1963	214,075	7.6	557,270	7.8	2.6	
1964	233,823	9.2	622,977	11.8	2.7	
1965	258,328	10.5	676,384	8.6	2.6	
1966	276,745	7.1	695,145	2.8	2.5	
1967	289,793	4.7	720,559	3.7	2.5	
1968	293,018	1.1	719,378	0.16 (decrease)	2.45	
1969	295,659	0.9	730,062	1.5	2.47	

**Table 30**    *Ambulance Service. Category of Patients and Type of Vehicle, 1969*

						Sitting Case Cars	Dual Purpose Ambulances	Total
Patients:								
(a) Accidents	...	...	...	...	...	61	7,366	7,427
(b) Others	...	...	...	...	...	—	115,307	115,307
(c) Mentally Handicapped Persons	...	...	...	...	...	94	121,269	121,363
(d) Physically Handicapped Persons	...	...	...	...	...	—	45,777	45,777
(e) Blind Persons	...	...	...	...	...	7	4,767	4,774
(f) Children to Day Nurseries	...	...	...	...	...	2	963	965
(g) Physically Handicapped Children (Education Department)	...	...	...	...	...	12	34	46
Totals						176	295,483	295,659

**Table 31**    *Ambulance Service. Journeys and Type of Vehicle, etc., 1969*

Journeys:						Sitting Case Cars	Dual Purpose Ambulances	Total
(a) "Section 27 patients", mentally handicapped and physically handicapped persons	...	...	...	...	...	1,426	48,984	50,410
(b) Abortive and service	...	...	...	...	...	99	1,056	1,155
(c) Analgesia	...	...	...	...	...	39	425	464
Totals	...	...	...	...	...	1,564	50,465	52,029
Mileage	...	...	...	...	...	40,926	689,136	730,062

**Table 32** *Ambulance Service. An Analysis of the Increase in Patients Carried and Decrease in Mileage Travelled from 1968 to 1969*

PATIENTS					1968	1969	Difference	
Accidents and emergency cases	}	“section 27”	patients		7,090	7,427	+	337
Admissions, discharges, out-patients, etc. ... ..					112,270	115,307	+	3,037
Mentally handicapped persons ... ..					125,410	121,363	—	4,047
Physically handicapped persons ... ..					42,687	45,777	+	3,090
Blind persons ... ..					5,046	4,774	—	272
Physically Handicapped children (Education Department)... ..					13	46	+	33
Patients to Day Nurseries ... ..					502	965	+	463
Totals ...					293,018	295,659	+	2,641
MILEAGE								
“Section 27” patients ... ..					491,254	490,165	—	1,089
Mentally handicapped persons .. ..					147,536	54,077	+	6,541
Physically handicapped persons ... ..					61,126	65,633	+	4,507
Blind persons ... ..					10,137	9,292	—	845
Other sections of the Health Department ...					4,389	4,939	+	550
Mileage chargeable to Bradford “A” and “B” Groups H.M.C.’s ... ..					112	266	+	154
Mileage chargeable to Day Nurseries ... ..					1,872	3,086	+	1,214
Mileage chargeable to Education Department					2,530	2,219	—	311
Mileage chargeable to Civil Defence Department ... ..					59	—	—	59
Mileage chargeable to Welfare Department— Removal of dead bodies ... ..					363	385	+	22
Totals ...					719,378	730,062	+	10,684

**Table 33** *Vaccination of Children under 16 during 1969*

Type of Vaccine	COMPLETED PRIMARY COURSES						RE-INFORCING DOSES					
	Year of Birth					Total	Year of Birth				Total	Others under 16
	1969	1968	1967	1966	1965—1962		1969	1968	1967	1966	1965—1962	
1. Triple (diphtheria pertussis, tetanus)	692	2,595	107	60	38	2	4	946	276	41	90	12
2. Diphtheria/tetanus	2	46	16	7	545	136	—	41	32	17	3,591	143
3. Diphtheria	—	—	—	—	26	5	—	—	—	—	128	29
4. Tetanus	—	—	—	—	34	124	—	—	—	—	43	278
5. Poliomyelitis (Sabin-oral)	692	2,654	134	71	743	138	—	—	4	1	2,385	303
6. Measles	7	1,246	314	214	105	—	—	7	2	2	1	—
Children protected against:												
DIPHTHERIA (lines 1, 2, 3)	694	2,641	123	67	609	143	4	987	308	58	3,809	184
WHOOPING COUGH (line 1)	692	2,595	107	60	38	2	4	946	276	41	90	12
TETANUS (lines 1, 2, 4)	694	2,641	123	67	617	262	4	987	308	58	3,724	433
												5,514

The following vaccines are not used locally:

- Quadruple (diphtheria, pertussis, tetanus, poliomyelitis)
- Combined diphtheria/pertussis
- Single pertussis
- Salk (injection) poliomyelitis



**Table 34** *Analysis of Cases examined by Cervical Cytology in Local Authority Clinics during 1969*

Number of new patients seen ... ..	1,965
Number of patients for repeat checks after three years	1,441
Total number of patients seen ... ..	3,406
Total number of smears taken ... ..	3,423
Number of positive smears ... ..	15
Number of suspicious smears awaiting follow-up ...	7
Number of Trichomonas infections ... ..	141

**Table 35** *Causes of Deaths, Males and Females, 1969*

International Classification No. (50 Causes)	Males	Females	Total
4. Enteritis and other diarrhoeal diseases ... ..	8	3	11
5. Tuberculosis of respiratory system ... ..	5	4	9
6. Other tuberculosis, including late effects ... ..	1	1	2
18. All other infective and parasitic diseases ... ..	1	3	4
19. Malignant neoplasms ... ..	395	324	719
20. Benign and unspecified neoplasms ... ..	4	1	5
21. Diabetes mellitus ... ..	7	5	12
22. Avitaminoses and other nutritional deficiency ...	—	1	1
23. Anaemias ... ..	1	8	9
24. Meningitis ... ..	1	—	1
26. Chronic rheumatic heart disease ... ..	19	29	48
27. Hypertensive disease ... ..	31	38	69
28. Ischaemic heart disease ... ..	587	477	1,064
29. Other forms of heart disease ... ..	75	110	185
30. Cerebrovascular disease ... ..	231	430	661
31. Influenza ... ..	6	11	17
32. Pneumonia ... ..	150	124	274
33. Bronchitis, emphysema and asthma ... ..	198	71	269
34. Peptic ulcer ... ..	18	13	31
35. Appendicitis ... ..	4	1	5
36. Intestinal obstruction and hernia ... ..	7	3	10
37. Cirrhosis of liver ... ..	5	7	12
38. Nephritis and nephrosis ... ..	8	8	16
39. Hyperplasia of prostate ... ..	3	—	3
40. Abortion ... ..	—	1	1
41. Other complications of pregnancy, childbirth and the puerperium ... ..	—	3	3
42. Congenital anomalies ... ..	21	19	40
43. Birth injury, difficult labour, etc. ... ..	26	16	42
44. Other causes of perinatal mortality ... ..	17	11	28
45. Symptoms and ill-defined conditions ... ..	7	25	32
46. All other diseases ... ..	159	197	356
47. Motor vehicle accidents ... ..	23	15	38
48. All other accidents ... ..	16	27	43
49. Suicides and self-inflicted injuries ... ..	12	8	20
50. All other external causes ... ..	24	17	41
Totals ...	2,070	2,011	4,081

**Table 36** *Relative Frequency of Primary Causes of Death. Bradford, 1969*

Cause of Death	Males	Females	Total	% of total deaths
1. Heart disease ... ..	712	654	1,366	33.5
2. Cancer ... ..	399	325	724	17.7
3. Cerebrovascular disease ... ..	231	430	661	11.8
4. Pneumonia ... ..	150	124	274	6.7
5. Bronchitis, emphysema and asthma	198	71	269	6.5
6. Violence ... ..	75	67	142	3.4
7. Birth injury, difficult labour, etc.	26	16	42	1.0
	1,791	1,687	3,478	

Total deaths were 4,081. Eighty per cent were due to the seven principal causes above. The remaining 20 per cent (603 deaths) are classified under 21 headings, but all of these single causes contributed less than one per cent each to total deaths.

**Table 37** *Deaths by Separate Age Groups, Bradford, 1960—1969*

Age	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Under 1 year	154	145	157	156	157	144	163	160	160	168
1—4 ... ..	17	15	23	20	19	34	26	38	20	20
5—14 ... ..	12	27	19	19	17	21	12	29	20	14
15—24 ... ..	24	36	36	27	33	45	40	37	31	28
25—44 ... ..	115	136	164	147	122	146	132	113	126	131
45—64 ... ..	841	936	937	1,024	873	938	902	817	859	886
65—74 ... ..	1,005	1,099	1,141	1,143	1,100	1,051	1,122	1,047	1,129	1,161
Over 75 ... ..	1,573	1,581	1,685	1,647	1,552	1,705	1,735	1,556	1,681	1,673
Total ... ..	3,741	3,975	4,162	4,183	3,873	4,084	4,132	3,797	4,026	4,081

**Table 38** *Deaths from Cancer of the Lung and Bronchus, by Sex, Bradford, 1932—1969*

Year	Males	Females	Total
1932 ..			18
1936 ..			36
1940 ...			42
1949 ...			82
1950 ...			94
1951 ...	88	18	106
1952 ...	74	20	94
1953 ...	91	13	104
1954 ...	89	14	103
1955 ...	110	20	130
1956 ...	116	17	133
1957 ...	120	10	130
1958 ...	123	27	150
1959 ...	126	25	151
1960 ...	126	16	142
1961 ...	120	22	142
1962 ...	143	24	167
1963 ...	151	24	175
1964 ...	127	24	151
1965 ...	159	25	184
1966 ...	117	24	141
1967 ...	176	23	199
1968 ...	167	23	190
1969 ...	150	24	174

**Table 39** *Number of Notifications of Infectious Diseases, Bradford, 1959—1969*

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Infective enteritis ...	1,999	1,668	1,333	1,543	1,112	1,463	2,206	1,752	1,721	1,565	2,854
Dysentery ...	750	858	550	732	218	546	774	336	884	260	819
Salmonellosis ...	126	145	77	48	34	64	76	41	35	49	58
Food poisoning ...	—	31	128	12	23	136	—	5	196	56	10
Typhoid or paratyphoid fever ...	2	1	3	3	1	3	18	12	10	4	6
Measles ...	4,123	2,130	2,974	3,139	1,363	2,665	2,424	2,288	1,716	2,273	91
Whooping cough ...	163	796	126	29	265	303	83	255	189	173	50
Scarlet fever ...	499	264	161	132	181	256	354	273	148	125	171
Ophthalmia neonatorum	4	3	5	7	10	4	7	10	7	3	4
Pulmonary tuberculosis ...	232	193	230	259	279	254	191	180	168	186	196
Non-pulmonary tuberculosis ...	25	28	37	61	70	68	68	57	43	62	108
Diphtheria ...	—	—	—	—	—	1	—	—	—	—	—
Smallpox ...	—	—	—	12	—	—	—	—	—	—	—
Anthrax ...	—	—	—	—	—	—	—	—	1	—	—
Malaria ...	—	—	—	5	1	5	1	4	7	6	5
Poliomyelitis ...	5	1	5	8	—	1	—	—	—	—	—
*Acute meningitis ...	—	—	—	—	—	—	—	—	—	—	9
*Infective jaundice ...	—	—	—	—	—	—	—	—	—	—	429
*Leptospirosis ...	—	—	—	—	—	—	—	—	—	—	—

\*First full year of notification in 1969

**Table 40** *Age Distribution of Notified Cases of Infectious Diseases, Bradford, 1969*

	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25 and over	Age un- known	Total all ages
Measles ...	11	16	19	10	8	20	—	3	1	3	91
Dysentery ...	49	79	98	74	73	170	34	61	172	9	819
Infective enteritis	562	325	247	158	104	318	158	238	693	51	2,854
Scarlet fever ...	1	1	4	8	19	94	30	9	3	2	171
Whooping cough	13	9	2	8	2	10	3	—	—	3	50
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis	1	1	—	—	—	2	2	1	2	—	9
Acute poliomyelitis											
Paralytic ...	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic ...	—	—	—	—	—	—	—	—	—	—	—

	Under 5	5-14	15-44	45-64	65 and over	Age un- known	Total all ages
Acute encephalitis							
Infective ...	...	...	—	—	—	—	—
Post-infectious ...	...	...	—	—	—	—	—
Leptospirosis ...	...	...	—	—	—	—	—
Typhoid fever ...	...	...	—	1	5	—	6
Paratyphoid fever ...	...	...	—	—	—	—	—
Food poisoning ...	...	...	—	2	4	—	10
Salmonellosis ...	...	...	21	9	19	4	58
Tuberculosis							
Pulmonary ...	...	...	2	12	141	31	196
Non-pulmonary ...	...	...	5	11	79	10	108
Infective jaundice ...	...	...	42	253	93	17	429

**Table 41** *Bradford Chest Clinic. New Cases of Tuberculosis discovered in 1969 with comparative figures for 1968*

	1969			1968		
	Respi- ratory Disease	Non- Respi- ratory Disease	Total	Respi- ratory Disease	Non- Respi- ratory Disease	Total
Males	112	50	162	123	39	162
Females	81	28	109	48	22	70
Children	15	8	23	12	10	22
Total ...	208	86	294	183	71	254

**Table 42** *Bradford Chest Clinic. Analysis of Notifications in 1969 (294)*

					Males	Females	Children	Total
Local Authorities—								
(1) Bradford C.B.	...	...	...	...	158	103	23	284
(2) West Riding	...	...	...	...	4	6	—	10
Nationality—								
(1) English	...	...	...	...	38	25	6	69
(2) European	...	...	...	...	1	1	—	2
(3) Asian	...	...	...	...	123	83	17	223
Age—								
(1) Children	...	...	...	...	—	—	23	23
(2) 15/24	...	...	...	...	59	38	—	97
(3) 25/34	...	...	...	...	38	32	—	70
(4) 35/44	...	...	...	...	26	24	—	50
(5) 45/54	...	...	...	...	17	7	—	24
(6) 55+	...	...	...	...	22	8	—	30
Types of Disease—								
(1) Respiratory (positive sputa)	...	...	...	...	37	14	—	51
(2) Respiratory (negative sputa)	...	...	...	...	75	67	15	157
(3) Non-respiratory	...	...	...	...	50	28	8	86
Origin of cases referred to the Clinic—								
(1) General Practitioners	...	...	...	...	42	23	3	68
(2) M.M.R. Unit	...	...	...	...	35	18	1	54
M.M.R. Unit (G.P. referrals)	...	...	...	...	32	21	3	56
(3) Hospitals	...	...	...	...	50	41	8	99
(4) Contacts	...	...	...	...	3	6	8	17



**Table 43** *Bradford Chest Clinic Attendances, 1965—1969*

	1969	1968	1967	1966	1965
New patients ... ..	1,334	1,443	2,205	3,813	4,871
New contacts ... ..	1,903	1,982	1,601	1,860	1,749
Total new patients ... ..	3,237	3,425	3,806	5,673	6,620
Clinic re-attendances ... ..	5,879	5,941	6,101	5,901	5,884
Contact re-attendances ... ..	1,718	1,223	717	672	591
B.C.G. vaccination ... ..	529	662	559	706	740
Total out-patient attendances ... ..	11,363	11,251	11,183	12,952	13,835
X-ray examinations ... ..	5,027	8,497	8,134	9,006	9,539
Clinic sessions held ... ..	463	542	595	629	602

**Table 44** *Total Additions and Deletions from Bradford Chest Clinic Tuberculosis Register, 1969*

	Respiratory Tuberculosis	Non- Respiratory Tuberculosis	Totals
Numbers on Register on 1/1/69 ...	1,337	229	1,566
Inward transfers ... ..	5	1	6
Cases re-discovered ... ..	1	—	1
Notifications—			
Negative secretions ... ..	157	59	216
Positive secretions ... ..	51	27	78
Total additions ... ..	1,551	316	1,867
Recovered ... ..	181	54	235
Died ... ..	25	—	25
Outward transfers ... ..	20	7	27
Other reasons ... ..	85	19	104
Total deletions ... ..	311	80	391
Number on Register on 31/12/69 ...	1,240	236	1,476

**Table 45** *Deaths of Patients on Bradford Chest Clinic Tuberculosis Register, 1969*

		Respiratory	Non-Respiratory	Total
Males	...	21	—	21
Females	...	4	—	4
Children	...	—	—	—
<hr/>				
Total	...	25	—	25

Analysis of all deaths:

				Deaths due to Tuberculosis				Deaths not primarily due to Tuberculosis				Total
				M.	F.	Ch.	Total	M.	F.	Ch.	Total	
Known cases of Tuberculosis on Clinic Register	...	...	...	12	3	—	15	10	1	—	11	26
Death notifications	...	...	...	—	1	—	1	3	2	—	5	6
<hr/>												
Totals	...	...	...	12	4	—	16	13	3	—	16	32

**Table 46** *New Cases of Early Syphilis and Gonorrhoea attending the Bradford Special Diseases Clinic, 1946—1969*

Year				Early Syphilis			Gonorrhoea		
				Male	Female	Total	Male	Female	Total
1946	...	...	...	151	100	251	369	117	486
1947	...	...	...	117	93	210	264	94	358
1948	...	...	...	51	59	110	147	68	215
1949	...	...	...	40	49	89	121	53	174
1950	...	...	...	32	24	56	91	41	132
1951	...	...	...	24	7	31	94	31	125
1952	...	...	...	12	7	19	51	20	71
1953	...	...	...	5	4	9	87	32	119
1954	...	...	...	9	7	16	114	34	148
1955	...	...	...	14	8	22	102	28	130
1956	...	...	...	17	7	24	131	35	166
1957	...	...	...	11	3	14	322	84	406
1958	...	...	...	3	—	3	294	61	355
1959	...	...	...	3	—	3	419	103	522
1960	...	...	...	2	—	2	466	139	605
1961	...	...	...	—	—	—	625	158	783
1962	...	...	...	3	2	5	664	161	825
1963	...	...	...	4	—	4	707	237	944
1964	...	...	...	9	3	12	769	238	1,007
1965	...	...	...	14	6	20	530	199	729
1966	...	...	...	15	4	19	573	199	772
1967	...	...	...	11	9	20	570	227	797
1968	...	...	...	3	6	9	477	228	705
1969	...	...	...	12	7	19	392	220	612

**Table 47**    *Number of New Registrations and Attendances at the Bradford Special Diseases Clinic, 1946—1969*

Year	Syphilis (all stages) and Gonorrhoea		Other Conditions		Total Attendances	
	Male	Female	Male	Female	Male	Female
1946	...	...	...	...	...	...
1946	815	291	554	212	16,487	10,677
1947	622	287	456	226	11,235	9,326
1948	358	229	440	144	9,040	6,859
1949	293	184	400	133	7,957	5,647
1950	228	148	431	155	7,659	4,582
1951	194	107	390	101	7,370	4,292
1952	156	95	388	105	6,087	3,770
1953	160	103	458	141	7,239	3,957
1954	182	104	458	135	6,986	4,043
1955	174	97	427	140	6,345	3,733
1956	210	106	437	152	6,450	4,375
1957	406	134	525	153	8,733	3,818
1958	375	107	593	164	8,142	3,020
1959	436	118	605	213	8,662	3,810
1960	491	153	731	214	9,142	3,001
1961	644	176	780	219	10,019	3,220
1962	680	181	872	294	10,944	3,324
1963	721	248	877	339	9,918	3,715
1964	795	250	950	405	10,380	3,464
1965	557	215	971	472	9,652	3,652
1966	600	209	946	424	8,295	2,656
1967	593	250	1,057	491	7,514	2,618
1968	494	240	975	439	6,554	2,256
1969	415	233	1,130	493	6,058	2,233

**Table 48**    *Particulars of Work Done by District Public Health and Housing Inspectors during 1969*

Inspection of Dwellings:	1969
No. of houses inspected under Housing Acts ... ..	1,357
No. of houses in respect of which notices were served requiring repairs ... ..	—
No. of houses rendered fit after formal notice:	
(a) by owners ... ..	—
(b) by L.A. on default ... ..	—
No. of houses rendered fit without service of formal notices	—
No. of re-visits ... ..	5,449
No. of houses let in lodgings inspected ... ..	1,013
No. of notices served—owners ... ..	17
occupiers ... ..	6
lodgers ... ..	—
No. of notices complied with ... ..	—
No. of overcrowded houses visited ... ..	3
No. of houses decrowded ... ..	1
No. of houses demolished in pursuance of demolition orders	2
No. of houses inspected under Public Health Acts ... ..	5,551
No. of notices served requiring defects to be remedied at these houses ... ..	274
No. of notices complied with:	
(a) by owners ... ..	159
(b) occupiers ... ..	59
(c) by L.A. on default ... ..	71
No. of houses rendered fit without service of formal notices	204

Table 48 continued

No. of re-visits ... ..	13,555
No. of visits to Common Lodging Houses ... ..	38
No. of notices served ... ..	10
No. of notices complied with ... ..	—
Inspections and Visits:	
No. of complaints investigated ... ..	4,117
No. of visits and inspections (other than dwelling houses) ... ..	407
No. of schools inspected ... ..	1
No. of graveyards inspected (exhumations) ... ..	1
No. of cinemas inspected ... ..	—
No. of piggeries inspected ... ..	6
Miscellaneous Nuisances, etc.:	
Dangerous places referred to City Engineer ... ..	27
Absence of or defective dustbins referred to Cleansing Department ... ..	3
Choked sewers and street gulleys reported ... ..	372
Wastes of water reported to Waterworks Department ... ..	154
Samples of water taken for:	
(a) chemical analysis	
fluoride (drinking water) ... ..	74
plumbo-solvency (drinking water) ... ..	344
swimming bath water ... ..	182
cellar water ... ..	150
(b) bacteriological examination	
drinking water ... ..	192
Premises dealt with under Prevention of Damage by Pests Act, 1949 ... ..	4
Drain Testing:	
No. of volatile tests ... ..	Positive —
	Negative —
No. of colour tests ... ..	Positive 250
	Negative 1,297
No. of smoke tests (rocket) ... ..	Positive 13
	Negative 16
No. of smoke tests (machine) ... ..	Positive 43
	Negative 56
No. of water under pressure tests ... ..	Positive —
	Negative 3
Drainage and Sanitary Arrangements:	
Choked drains cleansed ... ..	473
Drains amended ... ..	387
Drains reconstructed ... ..	518
Extra drains provided ... ..	537
Cellars drained ... ..	10
Drains underneath houses abolished ... ..	1
Drainage systems intercepted from sewer ... ..	78
Open drain inlets trapped ... ..	—
Waste pipes trapped ... ..	—
Waste pipes disconnected ... ..	2
Rainwater pipes disconnected ... ..	15
Rainwater conductors repaired or renewed ... ..	114
Sinks replaced ... ..	8
Sink waste pipes repaired or renewed ... ..	58
Water closet pedestals renewed ... ..	7
Water closet and flushing apparatus repaired ... ..	28
Water closets cleansed ... ..	6
W.C. apartments properly lighted and ventilated ... ..	63
General repairs to water closets ... ..	64

Table 48 continued

Additional W.C. accommodation provided	...	...	...	...	...	...	...	...	498
Soil pipes repaired or renewed	...	...	...	...	...	...	...	...	35
Dwelling Houses etc:									
Dampness excluded	...	...	...	...	...	...	...	...	110
Roofs repaired	...	...	...	...	...	...	...	...	40
Houses or parts cleansed and limewashed	...	...	...	...	...	...	...	...	8
Verminous houses disinfested	...	...	...	...	...	...	...	...	20
Ventilation improved	...	...	...	...	...	...	...	...	1
Window cords repaired or renewed	...	...	...	...	...	...	...	...	17
Lighting improved	...	...	...	...	...	...	...	...	—
General repairs executed	...	...	...	...	...	...	...	...	93
Cooking ranges repaired or renewed	...	...	...	...	...	...	...	...	1
New food stores provided and ventilated	...	...	...	...	...	...	...	...	—
Water supply improved	...	...	...	...	...	...	...	...	29
Houses supplied with city water supply	...	...	...	...	...	...	...	...	1
Outbuildings repaired	...	...	...	...	...	...	...	...	2
Septic tank and filter installations provided	...	...	...	...	...	...	...	...	3
Effluvium nuisance abated	...	...	...	...	...	...	...	...	1
Courts, Yards, etc.:									
Yard and passage paving repaired	...	...	...	...	...	...	...	...	1
Yards re-paved	...	...	...	...	...	...	...	...	—
Yards and passages newly paved	...	...	...	...	...	...	...	...	—
Yards cleansed	...	...	...	...	...	...	...	...	15
Keeping of Animals, etc.:									
Improper keeping of swine prohibited	...	...	...	...	...	...	...	...	2
Piggeries repaired	...	...	...	...	...	...	...	...	—
New piggeries provided	...	...	...	...	...	...	...	...	1
Piggeries abolished or disused	...	...	...	...	...	...	...	...	—
Improper keeping of fowls, etc., prohibited	...	...	...	...	...	...	...	...	—
Accumulations of offensive matter, etc., removed	...	...	...	...	...	...	...	...	27
Accumulations of manure removed	...	...	...	...	...	...	...	...	1



**Table 49** *Water Supply. Samples taken for Plumbo-solvency during 1969*

Results of "first draw" samples, water collected in 20oz. bottles

	Date	Source of Water	Address	pH	Pb. p.p.m.
1.	11.2.69	Low Level	9 Peel Street	7.0	0.24
	10.4.69	"	" "	7.0	0.22
	10.6.69	"	" "	7.0	0.22
	15.7.69	"	" "	7.2	0.10
	22.10.69	"	" "	7.2	0.16
2.	11.2.69	Intermediate Level	123 Maudsley Street	9.3	N.D.
	10.4.69	"	" "	7.9	N.D.
	10.6.69	"	121 Amberley Street	8.9	0.02
	15.7.69	"	123 Maudsley Street	8.0	N.D.
	22.7.69	"	" "	7.9	0.09
3.	11.2.69	High Level			
		Thornton Moor D.S.	114 Hilltop Road	6.7	N.D.
	10.4.69	"	" "	9.0	N.D.
	10.6.69	"	" "	8.4	0.03
	15.7.69	"	" "	8.3	N.D.
	22.7.69	"	" "	7.8	0.07
	11.2.69	Thornton Pressure D.S.	5 Heys Crescent	8.0	0.16
	10.4.69	"	" "	9.2	0.29
	10.6.69	"	" "	9.3	0.05
	15.7.69	"	" "	9.3	0.06
	22.10.69	"	" "	9.4	<0.05
	11.2.69	Brayshaw D.S.	18 Kenley Avenue	7.2	N.D.
	10.4.69	"	207 Moore Avenue	7.7	0.18
	10.6.69	"	18 Kenley Avenue	7.0	0.03
	15.7.69	"	" "	7.4	N.D.
	22.10.69	"	" "	7.3	0.04
	11.2.69	Horton Bank D.S.	841 Great Horton Road	7.1	0.17
	10.4.69	"	" "	7.8	0.02
	10.6.69	"	" "	7.0	0.03
	15.7.69	"	" "	7.2	0.03
	22.10.69	"	" "	7.2	0.11

In addition to the above samples examined specifically for lead, some 60 eighty-ounce samples taken from consumers' taps "after running" were tested for the presence of lead, zinc and copper. All were found to contain less than 0.05 p.p.m. of lead.

**Table 50** *Water Supply. Typical Chemical Analysis of Samples of Water from the Corporation's three Sources of Supply*

						Parts per Million		
						High Level Supply	Intermediate Level Supply	Low Level Supply
Total Solids dried at 180°C	...	...	...	...	...	80	70	80
Ammonia Nitrogen	...	...	...	...	...	0.05	0.02	0.02
Albuminoid ammonia nitrogen	...	...	...	...	...	0.05	0.05	0.05
Nitrite nitrogen	...	...	...	...	...	Non detected	Non detected	Non detected
Nitrate nitrogen	...	...	...	...	...	0.6	0.4	0.8
Chlorine present as chloride	...	...	...	...	...	15	12	15
Oxygen absorbed from acid permanganate 4 hours at 27°C	...	...	...	...	...	1.0	1.0	1.2
Alkalinity as Calcium Carbonate	...	...	...	...	...	25	20	25
Permanent hardness as Calcium Carbonate	...	...	...	...	...	35	20	25
Total hardness as Calcium Carbonate	...	...	...	...	...	60	40	50
Metals								
Iron	...	...	...	...	...	0.10	0.05	0.10
Aluminium	...	...	...	...	...	0.1	0.10	0.10
Manganese	...	...	...	...	...	0.1	Trace	Trace
Lead	...	...	...	...	...	<0.05	<0.05	<0.05
Zinc	...	...	...	...	...			
Copper	...	...	...	...	...			
Colour Hazen units	...	...	...	...	...	10	5	10
Turbidity parts per million	...	...	...	...	...	<1	<1	<1
pH	...	...	...	...	...	8.0	8.0	7.0

**Table 51** *Factories Act, 1961. Inspections for Purposes of Provisions as to Health in 1969*

Premises	Number on Register	Inspections	Number of Written Occupiers Notices Prosecuted	
(i) Factories in which section 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ... ..	87	50	36	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	1,032	53	38	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ... ..	45	5	—	—
Total ... ..	2,164	108	74	—

*Cases in which defects were found*

Particulars	Found	Remedied	Referred		No. of cases in which prose- cutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	36	30	—	1	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) 2	2	2	—	1	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient ... ..	—	—	—	—	—
(b) Unsuitable or defective	12	12	—	6	—
(c) Not separate for sexes	—	—	—	1	—
Other offences against the Act (not including offences relating to Outwork) ...	50	41	—	24	—
Total ... ..	90	85	—	32	—

**Table 52** *Factories Act, 1961, Sections 133 and 134*  
*Number of Outworkers Engaged in Various Trades at August 1969*

Nature of work	SECTION 133			SECTION 134		
	No. of outworkers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. ...	329	—	—	—	—	—
Textile Weaving ...	193	—	—	—	—	—
Total ...	522	—	—	—	—	—

**Table 53** *Smoke Abatement. Improvements made to Boiler Plants, etc., in Industrial Premises during 1969*

Nature of work or equipment	Number of Units
Gas-fired boilers installed ... ..	9
Oil-fired steam boilers installed ... ..	19
Central heating boilers with oil burners installed ...	6
Oil burners maintained ... ..	21
Mechanical stokers overhauled ... ..	14
New chimneys provided ... ..	13
Chimneys increased in height ... ..	6
Smoke alarm system overhauled ... ..	3
Improved coal supply ... ..	2
Improvements to incinerators ... ..	2
Incinerators abolished ... ..	2
Mobile diesel crane provided ... ..	1
Grit arrestors provided to cupolas ... ..	3

**Table 54** *Clean Air Act, 1956. Equipment in Industrial Premises given 'Prior Approval' during 1969*

Type of Unit	Number to be Installed
Oil-fired air heaters ... ..	16
Oil-fired steam boilers ... ..	8
Central heating boilers with oil burners ... ..	16
Central heating boilers with gas burners .. ...	10
Coal-fired steam boilers ... ..	2



**Table 55** *Atmospheric Pollution. Deposited Matter. Undissolved Deposit as measured by the British Standard Deposit Gauge (B.S. 1747, Part 1) expressed as Milligrams per Square Metre per Day*

		1968							1969							Yearly	
	No.	Code	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Winter Av'ge	Summer Av'ge	
Central ...	...	1	9	146	156	202	162	164	155	140	193	224	311	160	160	198	
North ..	...	2	8	131	66	93	62	37	106	107	138	107	321	126	93	149	
Bierley ...	...	3	6	45	63	87	101	97	145	94	232	154	287	86	143	128	
Chellow Heights	...	4	11	136	65	65	67	27	59	59	185	117	186	173	83	102	
Ambulance Depot	...	5	1	188	160	228	167	486	443	523	363	361	676	231	457	357	

**Table 56** *Slum Clearance Statistics, 1967, 1968 and 1969*

(1) Housing Act, 1957, Part III.

(Clearance Areas, Compulsory Purchase Orders and Clearance Orders)

	1967	1968	1969
No. of clearance areas represented ... ..	23	43	47
No. of clearance orders made or recommended ... ..	—	2	—
No. of compulsory purchase orders made or recommended	17	15	18
No. of clearance areas dealt with by agreement ... ..	—	—	2
No. of clearance areas purchased by agreement ... ..	1	2	—
No. of unfitness orders represented ... ..	1	—	—
Total houses affected by above actions . . . . .	802	836	1,435
No. of families rehoused by the L.A. ... ..	475	396	446
No. of families removed privately ... ..	89	144	259
No. of houses demolished ... ..	1,438	690	603
No. of families in confirmed orders awaiting rehousing ...	284	452	189
No. of houses in clearance orders and compulsory purchase orders awaiting confirmation ... ..	1,059	587	1,485

(2) Housing Act, 1957. Sections 16, 17 and 18.

(Informal Action and Local Authority owned Unfit Houses)

No. of houses represented ... ..	154	109	63
No. of demolition orders made ... ..	53	50	12
No. of closing orders made ... ..	28	73	42
No. of houses subject to undertakings to demolish ... ..	8	72	24
No. of houses subject to undertakings not to use for habitation	1	—	7
No. of undertakings to render fit for habitation executed ...	—	1	2
No. of L.A. owned houses certified unfit ... ..	44	71	25
No. of houses demolished ... ..	273	70	279
No. of families rehoused by the Corporation ... ..	78	79	251
No. of families removed privately ... ..	2	24	64
No. of closing orders determined ... ..	2	3	4
No. of undertakings to render fit executed ... ..	—	—	2

(3) Slum Clearance Summary (1969)

Total houses represented to Committee in Clearance Areas (Clearance Orders and Compulsory Purchase Orders) and individually unfit etc. ... ..	1,523
Total houses demolished (all types) ... ..	884
Total families rehoused by the Corporation ... ..	697
Total families removed privately ... ..	323

**Table 57**    *Disinfection and Disinfestation during 1969*

Disinfection:							
Number of premises disinfected	...	...	...	...	...	...	4
Number of rooms disinfected	...	...	...	...	...	...	7
Number of articles disinfected	...	...	...	...	...	...	596
Number of library books destroyed	...	...	...	...	...	...	—
Disinfestation:							
Number of premises disinfested	...	...	...	...	...	...	316
Number of rooms disinfested	...	...	...	...	...	...	1,225
Number of articles disinfested	...	...	...	...	...	...	1,058
Cleansing of Verminous Persons and Articles:							
(1) Scabies—				New Cases		Number of Treatments Given	
Pre-school children—British	...	...	...	7	...	7	...
Pre-school children—Immigrant	...	...	...	5	...	5	...
School children—British	...	...	...	21	...	28	...
School children—Immigrant	...	...	...	25	...	48	...
Adults—British	...	...	...	47	...	79	...
Adults—Immigrant	...	...	...	82	...	144	...
(2) Head and Body Lice, Fleas, etc.—				New Cases		Number of Treatments Given	
Pre-school children	...	...	...	—	...	—	...
School children	...	...	...	6	...	25	...
Adults	...	...	...	40	...	45	...
Number of articles disinfested	...	...	...	...	...	...	396
Number of baths given	...	...	...	...	...	...	403
Number of operations of steam disinfestors	...	...	...	...	...	...	140

**Table 58**    *Rodent Control, 1969. Details of Premises Involved*

							Rats	Mice
Canteens	..	...	...	...	...	...	22	29
Cafés	...	...	..	...	...	..	1	10
Food shops	...	...	...	...	...	...	30	90
Farms	...	...	..	...	...	...	3	1
Tips	...	...	..	...	...	...	19	—
Business premises	..	..	..	...	...	...	183	284
Private dwellings	...	..	..	...	...	...	905	1,455
Schools and canteens	...	...	..	...	...	...	44	126
Markets and abattoir	..	..	..	...	...	...	14	24
B.C.P.T. Depots	...	...	..	...	...	...	6	8
Other L.A. properties	...	...	..	...	...	...	28	49
							1,255	2,076

A total of 3,428 infestations was treated.

Major Infestations		Minor Infestations	
RATS	MICE	RATS	MICE
19	78	1,255	2,076

**Table 59**    *Food Premises Registered under Section 16, Food and Drugs Act, 1955, and Dairies Registered under Milk and Dairies (General) Regulations, 1959. Number of Inspections, 1969*

<u>Section 16, Food and Drugs Act, 1955</u>									Number	Number of Inspections
Premises used for the sale, storage or manufacture of ice cream	...	...	...	...	...	...	...	1,234		
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats and other foods	...	...	...	...	...	...	...	297	390	
Premises used for the preparation of fish by any process of cooking (fried fish shops)	...	...	...	...	...	...	...	242	376	
<u>Milk and Dairies Regulations, 1959</u>									Number	Number of Inspections
Dairies	...	...	...	...	...	...	...	21		

**Table 60**    *Number of Food Businesses at 1969 and compliance with Food Hygiene (General) Regulations 1960/62*

					No. of Premises	Premises fitted to comply with Reg. 16	Premises fitted to which to comply with Reg. 19 applies	Premises fitted to which to comply with Reg. 19
Bakehouses	...	...	...	...	149	149	149	149
Butchers	...	...	..	...	274	274	251	251
Confectioners	...	...	...	...	90	90	41	41
Fish Friers	...	...	...	...	242	242	242	242
Greengrocery	...	...	...	...	256	256	85	85
Grocers	...	...	...	...	853	853	290	290
Ice Cream manufacturers	...	...	...	...	7	7	7	7
Industrial Canteens	...	...	...	...	214	214	214	214
Mineral Water manufacturers	...	...	...	...	7	7	7	7
Restaurants and cafés	...	..	...	...	266	266	266	266
Sweets	...	...	...	...	371	371	25	25
Commercial Hotels	..	...	...	...	23	23	23	23

**Table 61** *Administration of the Food Hygiene (General) Regulations 1960/62, during 1969*

Inspections ... ..	4,966
Warning letters sent	633
Verbal warnings ... ..	977

Summary of types of contraventions found in food and shop premises:

Structural repairs and improvements	...	...	...	...	...	510
Structural cleanliness	...	...	...	...	...	662
Lighting	...	...	...	...	...	64
Ventilation	...	...	...	...	...	67
Wash-hand basins—provision or renewal	...	...	...	...	...	199
Sinks—provision or renewal	...	...	...	...	...	122
Hot water—provision or improvement	...	...	...	...	...	174
Drainage	...	...	...	...	...	76
Equipment, improvement of	...	...	...	...	...	204
Equipment, cleanliness of	...	...	...	...	...	253
Protection of food	...	...	...	...	...	338
Food storage temperatures	...	...	...	...	...	65
Personal cleanliness	...	...	...	...	...	45
Smoking in food premises	...	...	...	...	...	46
First Aid equipment	...	...	...	...	...	227
Storage of clothing	...	...	...	...	...	152
Refuse disposal	...	...	...	...	...	187
Laundry reception in food shops	...	...	...	...	...	11
Rodent infestations	...	...	...	...	...	33
Other infestations	...	...	...	...	...	16
Sanitary conveniences—Repairs	...	...	...	...	...	41
Cleanliness	...	...	...	...	...	75
Lighting	...	...	...	...	...	11
Ventilation	...	...	...	...	...	39
Hand-washing notices	...	...	...	...	...	176
					<b>Total</b>	<b>3,793</b>



**Table 62** *Proceedings under the Provisions of the Food Hygiene (General) Regulations, 1960/62, during 1969*

1. Proceedings were instituted against a public company formed pursuant to the Transport Act, 1968, in respect of the conditions found at the Works Canteen.  
 Informations were laid as follows:—  
 Regulation 5: The carrying on of a food business in or at insanitary premises.  
 Regulation 6: The use of trays and a table surface not so constructed or kept in good order, repair and condition as to enable them to be thoroughly cleaned.  
 Regulation 14: A sanitary convenience not kept in efficient order.  
 Regulation 16: Failure to provide suitable and sufficient wash-hand basins.  
                     Failure to provide a nail brush.  
 Regulation 19: Sinks not kept clean and in efficient order.  
 Regulation 20: A food room not suitably and sufficiently lighted.  
 Regulation 21: Failure to provide suitable and sufficient means of ventilation.  
 Regulation 23: The floors, woodwork and structure not kept clean, and the floors not kept in good order, repair and condition.  
 Regulation 24: The accumulation of refuse in a food room.  
                     Penalties imposed were fines totalling £360.
  
2. Proceedings were instituted against a baker in respect of conditions found at the premises.  
 Informations were laid as follows:—  
 Regulation 23: Failure to keep clean and in good order, repair and condition the walls and ceiling of every food room.  
                     Penalties imposed were fines totalling £25.
  
3. Proceedings were instituted against the proprietors of a business comprising the wholesale preparation and sale of bacon and ham and the wholesale sale of butter and cheese in respect of the conditions found at the premises.  
 Informations were laid as follows:—  
 Section 16: The use of unregistered premises for the preparation of preserved (Food and food.  
                     Drugs Act, 1955)  
 Regulation 6: Failure to keep clean the preparation tables, chopping block and bacon slicer.  
 Regulation 14: Failure to keep clean a sanitary convenience and failure to fix a prescribed notice relating to hand washing.  
 Regulation 20: Failure to provide suitable and sufficient means of lighting.  
 Regulation 23: Failure to keep clean the floors, walls, woodwork and other parts of the structure.  
                     Penalties imposed were fines totalling £190.
  
4. Proceedings were instituted against the proprietor of a business comprising both that of a cafe and manufacturer of sweet and flour confectionery.  
 Informations were laid as follows:—  
 Parts of premises used as a cafe  
 Regulation 6: Failure to keep clean a glass display cabinet.  
 Regulation 8: Failure to protect sweets from the risk of contamination.  
 Regulation 14: Failure to keep a sanitary convenience in efficient order.  
 Regulation 16: Failure to provide suitable and sufficient wash-hand basins.  
 Regulation 17: Failure to provide first-aid materials.  
 Food handling: Failure to provide suitable receptacles for refuse.  
 Byelaws  
 Parts of premises used for manufacture of sweet and flour confectionery.  
 Regulation 6: Use of a preparation table which was not so constructed as to enable it to be thoroughly cleaned.  
 Regulation 10: Allowed printed material, namely a newspaper, to come into contact with food, namely biscuits.  
 Regulation 19: Failure to keep a sink clean.  
 Regulation 20: Failure to provide suitable and sufficient means of lighting.

*Table 62 continued*

- Regulation 23: Failure to keep the floor and ceiling of every food room in good order, repair and condition.  
 Failure to keep clean the floor, walls and ceiling of every food room.  
 Penalties imposed were fines totalling £115.
5. Proceedings were instituted against a sweet manufacturer in respect of the conditions found at the premises. This was another business of the proprietor referred to in the above case.  
 Informations were laid as follows:—  
 Regulation 6: Failure to keep clean a metal bath used for containing food.  
 Regulation 8: Failure to protect sweets from the risk of contamination.  
 Regulation 16: Failure to provide suitable and sufficient wash-hand basins.  
 Regulation 19: Failure to keep a sink in efficient working order.  
 Regulation 23: Failure to keep the floor, walls, ceiling and woodwork clean.  
 Failure to keep the floor, ceiling and windows in good order, repair and condition.  
 Regulation 24: Allowing refuse to accumulate in a food room.  
 Penalties imposed were fines totalling £70.
6. Proceedings were instituted against a grocer in respect of the conditions found at his shop.  
 Informations were laid as follows:—  
 Regulation 6: Failure to keep clean a display cabinet, a weighing scale and a bacon slicing machine.  
 Regulation 23: Failure to keep clean the walls, floor and woodwork of a food room.  
 Failure to keep the wall, floor and ceiling plaster of a food room in good order, repair and condition.  
 Regulation 24: Allowing the accumulation of refuse in the shop.  
 Penalties imposed were fines totalling £27.

**Table 63** *Proceedings under the Provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, during 1969*

Proceedings were instituted under Regulation 8 against the driver of a bakery delivery vehicle in respect of the failure to keep his hands and overclothing clean, and also for cigarette smoking whilst handling open food.  
 Penalties imposed were fines totalling £12.

**Table 64** *Food Inspection, 1969. Offences against Section 2 or Section 8 of the Food and Drugs Act, 1955*

Sale of mouldy sausage—fined £5.  
 Sale of mouldy meat pie (Section 113 (1) used by retailer against manufacturer)—fined £25.  
 Sale of bread and confectionery unfit for human consumption (three offences)—fined £6.  
 Sale of teacake sandwich containing metal—fined £10.  
 Sale of, and exposure for sale of, eclairs unfit for human consumption (two offences)—fined £15.  
 Sale of chestnuts unfit for human consumption (two offences)—fined £6.  
 Sale of oven cake containing portion of flour sack label—fined £10.  
 Sale of iced finger bun containing dirt—fined £10.  
 Sale of fruit pie containing metal (Sections 2 and 113)—fined £25.

*Table 64 continued*

Exposure for sale of currant pasties unfit for human consumption— fined £20.  
Sale of slimming biscuits infested with spider beetles—fined £15.  
Sale of mouldy meat pie—fined £5.  
Sale of Russian slice containing a cigarette end—fined £20.  
Exposure for sale of custard pie unfit for human consumption—fined £15.  
Sale of meat pie containing first-aid dressing—fined £10.  
Sale of mouldy cornish pasty—fined £5.  
Sale of mouldy loaf by wholesale bakery to retail shop—fined £10.  
Sale of mouldy confectionery (two offences) and exposure for sale of mouldy confectionery—fined £15.  
Exposure for sale of vinegar containing flies—fined £10.  
Sale of mouldy meat pies (two offences) (Sections 2 and 113)—fined £20.  
Sale of brown loaf containing piece of wire—fined £20.  
Sale of mouldy loaf—fined £5.  
Sale of mouldy cream slice—fined £5.  
Sale of mouldy potato cakes (Sections 2 and 113)—retail shopkeeper and wholesaler each fined £15.  
Sale of potted meat sandwich containing piece of metal—fined £10.  
Exposure for sale of brown loaf, white loaf and a fruit pie unfit for human consumption—fined £6.  
Examples of other complaints investigated are as follows:  
Glass in fish cake.  
Nails in dates and teacakes.  
Complaint regarding stale bread.  
Various complaints regarding the discolouration of canned meats.  
Black discolouration of meat pie, bread and confectionery.  
Metal in cornish pasty.  
Hair in meat pasty.  
Hide in stewed steak.  
Glass in jam.  
Mouldy yoghurt, jar of meat paste, butter, processed cheese, meat pies, bread, confectionery, tea, sausage rolls, teacakes, spare ribs and oranges.  
Slug in peas.  
Soggy condition of potato crisps.  
Wood in bread.  
Dirt inside milk bottles.  
Unfit condition of Brussels-sprouts and turnip.  
Sale of out-dated baby foods.  
Stones in meat pie, jam and bread.  
Green condition of potatoes.  
Dirty condition of teacake, bread and confectionery.  
The sale in damaged cans of meat products and fruits.  
Poor quality strawberries.  
Unsatisfactory condition of wet fish.  
Feather in jar of chicken breast.  
Wire in bubble gum.  
String in bread.  
Chicken thought to be cat.  
Cigarette in bread.  
Unsound condition of chickens and turkeys.  
Maggots in bread and bacon.  
Snake in gooseberries—found to be toy snake.  
Mould in orange squash.  
Discolouration of chocolate.  
Insects, including wasps, flies, cockroaches, in various foods, including jam, bread, bananas, meal in restaurant, imported and home produced canned products, fish and chips.  
Larval infestation of drinking chocolate.

**Table 65** *Chemical Analysis of Milk, 1947—1969*

YEAR	FAT			SOLIDS NOT FAT									Total
	Under 3.0%		3.0% to 3.5%	Over 3.5%		Under 8.5%		8.5% and over					
	No.	Per cent		No.	Per cent	No.	Per cent	No.	Per cent				
1969 ...	7	1.2	169	32.4	346	66.4	58	11.1	463	88.9	521		
1968 ...	7	0.8	310	33.7	602	65.5	14	1.5	905	98.5	919		
1967 ...	36	3.0	381	31.6	784	65.4	72	6.1	1,119	93.9	1,191		
1966 ...	44	3.4	453	34.7	807	61.9	87	6.7	1,217	93.3	1,304		
1965 ...	34	3.4	304	30.1	672	66.5	14	1.4	996	98.6	1,010		
1964 ...	28	3.6	299	38.0	959	58.4	20	2.5	766	97.5	786		
1963 ...	65	4.8	573	40.9	733	54.3	46	3.4	1,305	96.6	1,351		
1962 ...	46	3.5	513	39.6	737	56.9	19	1.5	1,277	98.5	1,296		
1961 ...	49	4.3	326	28.9	752	66.8	41	3.6	1,086	96.4	1,127		
1960 ...	94	5.6	448	26.7	1,134	67.7	15	0.4	1,661	99.6	1,676		
1959 ...	27	2.0	276	23.0	895	75.0	12	1.0	1,186	99.0	1,198		
1958 ...	27	2.0	274	21.0	990	77.0	13	1.0	1,287	99.0	1,300		
1957 ...	71	6.0	338	28.6	772	65.3	28	2.3	1,153	97.6	1,181		
1956 ...	94	6.7	453	32.2	857	61.1	80	5.7	1,325	94.3	1,405		
1955 ...	28	2.6	312	28.8	743	68.6	173	16.0	910	84.0	1,083		
1954 ...	23	2.4	189	19.5	759	78.1	168	17.3	803	82.7	971		
1953 ...	33	4.2	190	24.0	567	71.8	196	24.8	594	75.2	790		
1952 ...	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1	857		
1951 ...	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2	727		
1950 ...	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1	737		
1949 ...	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6	469		
1948 ...	8	1.4	235	41.7	320	56.9	131	23.3	432	76.7	563		
1947 ...	6	1.0	248	41.1	349	57.9	157	26.0	446	74.0	603		

**Table 66**    *Food and Drug Samples Procured and Examined in 1969*

Nature of Sample	Number examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In- formal	Total	Formal	In- formal	Total
Milk ... ..	387	124	511	38	2	40
"Appeal to cow" milks ...	10	—	10	—	—	—
Cornish pasty ... ..	—	17	17	—	6	6
Pork sausage ... ..	2	16	18	2	10	12
Beef sausage ... ..	—	24	24	—	5	5
Pork pie ... ..	—	5	5	—	3	3
Meat and potato pie ... ..	—	3	3	—	2	2
Steak and kidney pie ... ..	—	2	2	—	1	1
Beefburger ... ..	—	5	5	—	4	4
Potted meat ... ..	—	4	4	—	4	4
Hot dog ... ..	—	1	1	—	1	1
Pork luncheon meat ... ..	1	4	5	1	1	2
Baconburger ... ..	—	1	1	—	1	1
Sliced chicken in jelly ... ..	—	3	3	—	1	1
Potato (chipped, whole raw or washed new) ... ..	1	5	6	—	4	4
Pea and potato with curry ...	—	1	1	—	1	1
Mustard oil ... ..	—	1	1	—	1	1
Mustard oil blend ... ..	—	1	1	—	1	1
Mixed salad ... ..	—	1	1	—	1	1
Chocolate fudge dessert topping	—	1	1	—	1	1
Lemon curd ... ..	—	3	3	—	1	1
Cut mixed peel ... ..	—	2	2	—	1	1
Mincemeat ... ..	—	3	3	—	1	1
Buttered teacake ... ..	—	2	2	—	1	1
Kabli-Chana (chick pea) ...	—	1	1	—	1	1
Totals ... ..	401	230	631	41	55	96

In addition to the above, 437 (informal) samples of a wide variety of food and drugs were taken. None were reported adulterated, etc.

The total of samples taken during the year was 1,068 compared with 1,328 in 1968.

**Table 67**    *Condemned Tin Goods, 1969*

	Tons	cwts.	qrs.	lbs.
Meat ... ..	1	11	2	16
Vegetables ... ..	2	9	1	9
Fruit ... ..	1	17	—	21
Fish ... ..	—	3	1	15
Miscellaneous ... ..	—	11	2	9
Total ... ..	6	13	2	14



**Table 68**    *Various Condemned Foods, 1969*

	Tons	cwts.	qrs.	lbs.
Vegetables ... ..	36	9	—	4
Poultry ... ..	4	15	2	16
Ham ... ..	—	13	3	17
Fruit ... ..	4	4	3	25
Wet fish ... ..	—	17	—	4
Frozen foods ... ..	1	4	1	4
Cured fish ... ..	—	3	1	—
Miscellaneous ... ..	—	10	—	6
<hr/>				
Total ... ..	48	18	—	20

**Table 69**    *Meat Inspection, Carcasses Inspected and Condemned, 1969*

	Cattle	Calves	Sheep	Pigs
Number killed in public abattoir ... ..	24,889	1,033	68,443	47,595
Number killed in private slaughterhouses ... ..	360	2	1,151	308
Total number of animals killed ... ..	25,249	1,035	69,594	47,903
Number of animals killed outside the city and exposed for sale in public abattoir ... ..	183	11	3,241	604
Number inspected ... ..	25,432	1,046	69,835	48,507
All diseases except Tuberculosis and Cysticerci—				
Whole carcasses condemned ... ..	24	21	178	42
Carcasses of which some part or organ was condemned ... ..	6,042	41	4,261	3,152
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	23.06	5.92	6.35	6.59
Tuberculosis only—				
Whole carcasses condemned ... ..	3	—	—	—
Carcasses of which some part or organ was condemned ... ..	51	—	—	22
Percentage of number inspected affected with tuberculosis ... ..	0.21	—	—	0.04
Cysticercosis—				
Carcasses of which some part or organ was condemned ... ..	87	—	—	—
Carcasses submitted to treatment by refrigeration ... ..	87	—	—	—
Generalised and totally condemned ... ..	—	—	—	—

**Table 70**    *Meat Inspection. Whole Carcasses and Organs Condemned, 1969*

						Cattle	Calves	Sheep	Pigs
Bruising, generalised	...	...	...	...	...	2	—	1	—
Carcinoma	...	...	...	...	...	1	—	1	—
Decomposition	...	...	...	...	...	—	—	—	1
Emaciation, pathological	...	...	...	...	...	7	—	—	6
Erysipelas, acute swine	...	...	...	...	...	—	—	—	3
Immaturity	...	...	...	...	...	—	9	1	—
Jaundice	...	...	...	...	...	—	3	—	4
Moribund	...	...	...	...	...	—	—	1	12
Nephritis, acute septic	...	...	...	...	...	—	—	—	1
Parasitic emaciation with oedema	...	...	...	...	...	—	—	152	—
Pericarditis, acute septic	...	...	...	...	...	1	—	—	—
Peritonitis, acute septic	...	...	...	...	...	2	—	2	1
Pleurisy, acute septic	...	...	...	...	...	2	1	6	2
Poliarthritis, septic	...	...	...	...	...	—	6	2	—
Pyæmia	...	...	...	...	...	5	1	9	7
Septicæmia	...	...	...	...	...	2	1	2	4
Toxaemia	...	...	...	...	...	1	—	—	—
Tuberculosis, generalised	...	...	...	...	...	1	—	—	—
Tuberculosis with emaciation	...	...	...	...	...	2	—	—	—
Uraemia	...	...	...	...	...	1	—	1	1
Totals						27	21	178	42

**Table 71**    *Meat Inspection. Partial Carcasses and Organs Condemned, 1969*

		Partial Carcase	Lungs	Heart	Stom-ach	Intes-tines	Liver	Pluck	Head	Udder
Inflammatory Conditions	Cattle	41	673	112	290	320	703	—	83	1,073
	Sheep	36	—	—	802	802	61	516	—	—
	Calves	—	—	—	—	—	—	22	—	—
	Pigs	26	—	—	631	631	—	1,412	231	—
Parasitic Conditions	Cattle	—	251	20	—	11	4,201	—	79	—
	Sheep	15	—	—	141	141	812	2,951	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	352	352	—	1,121	—	—
*Tuberculosis	Cattle	—	43	43	13	13	15	—	11	—
	Sheep	—	—	—	—	—	—	—	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	15	15	—	11	16	—
Miscellaneous	Cattle	6	41	26	31	49	132	—	4	103
	Sheep	8	—	—	72	72	11	96	—	—
	Calves	—	—	—	—	—	—	19	—	—
	Pigs	16	—	—	19	19	—	103	24	—

\*The high figures for Tuberculosis in Cattle are the result of slaughter of an infected herd under the Diseases of Animals Act, 1951.

**Table 72**    *Total Weight of Meat Condemned, 1969*

Home killed—								lbs.
Beef:	whole carcasses	...	...	...	...	...	...	11,969
	part        „	...	...	...	...	...	...	2,392
Mutton:	whole carcasses	...	...	...	...	...	...	8,095
	part        „	...	...	...	...	...	...	522
Veal:	whole carcasses	...	...	...	...	...	...	879
	part        „	...	...	...	...	...	...	105
Pork:	whole carcasses	...	...	...	...	...	...	6,046
	part        „	...	...	...	...	...	...	1,232
Total								31,240
Imported Meat and Meat Products—								
Beef	...	...	...	...	...	...	...	1,480
Mutton and lamb	...	...	...	...	...	...	...	181
Liver	...	...	...	...	...	...	...	60
Kidney	...	...	...	...	...	...	...	28
Bacon	...	...	...	...	...	...	...	10
Turkey	...	...	...	...	...	...	...	98
Black puddings	...	...	...	...	...	...	...	120
Ham	...	...	...	...	...	...	...	188
Mincemeat	...	...	...	...	...	...	...	140
Sausage	...	...	...	...	...	...	...	130
Total								2,435
Weight of Offals Condemned—								
Beef	...	...	...	...	...	...	...	98,997
Mutton	...	...	...	...	...	...	...	43,490
Veal	...	...	...	...	...	...	...	373
Pork	...	...	...	...	...	...	...	46,584
Total								189,444

The total weight of meat condemned was 223,119 lbs.







